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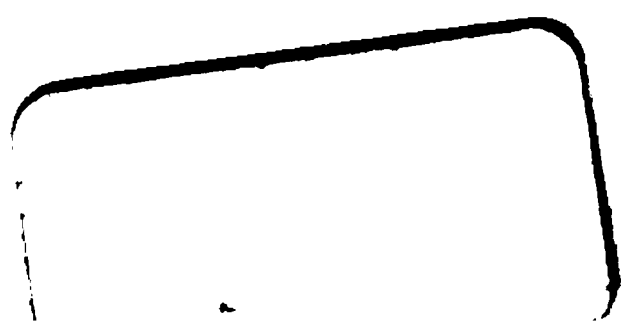
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THE  
NEW ENGLAND  
MEDICAL GAZETTE

*A Monthly Journal*

OF

HOMŒOPATHIC MEDICINE.

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*"Die milde Macht ist gross."*

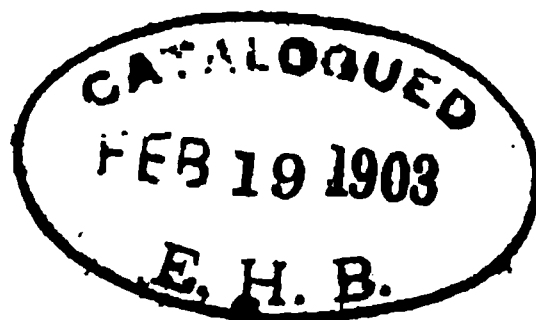
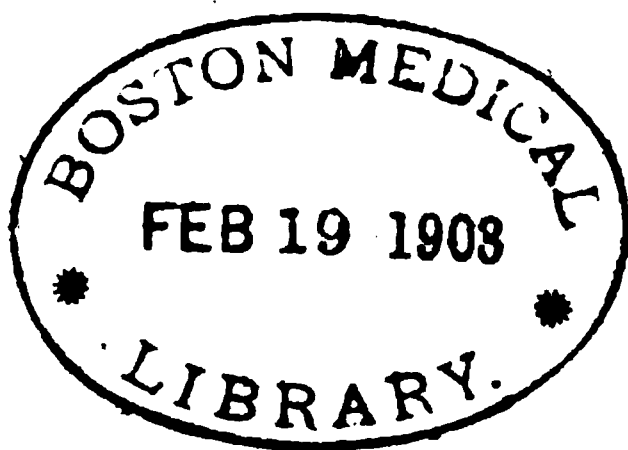
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## INDEX.

### ORIGINAL COMMUNICATIONS.

Boston University School of Medicine in the State Board Examination, The. By S. H. Calderwood, M.D. . . . .	63
Case of Eclampsia, A. By John Worcester, M.D. . . . .	199
Coughs and Their Varied Origin. By George B. Rice, M.D. . . . .	392
Dermatitis Herpetiformis. By Frederick B. Percy, M.D. . . . .	386
Diseases of the Lingual Tonsil. By T. M. Strong, M.D. . . . .	485
Educational Treatment of the Feeble-Minded. By Walter E. Fernald, M.D. . . . .	97
Experiment, An. By A. M. Cushing, M.D. . . . .	451
Eye Strain from Unbalanced Muscles. By David W. Wells, M.D. . . . .	536
General Practitioner, The. By Samuel H. Spalding, M.D. . . . .	481
Hordeolum and Chalazion: A Differentiation. By J. M. Hinson, M.D. . . . .	111
Intestinal Adhesions. By Wm. F. Wesselhoeft, M.D. . . . .	193
Lacerated Wounds of Abdomen. Clinical Case. By A. K. P. Harvey, M.D. . . . .	113
Letter to the Hughes Medical Club, A. From Walter Wesselhoeft, M.D. . . . .	297
Materia Medica of To-day. By Frank E. Allard, M.D. . . . .	12
Miscarriage, with Respiration in a Five-Months Fetus. By Walter J. Graves, M.D. . . . .	161
Morphinism and Its Treatment. By Charles J. Douglas, M.D. . . . .	494
Mothers' Milk and the Nursing Child. By Henry Edwin Spalding, M.D. . . . .	254
Notes on Some Recent Legal Decisions Affecting Physicians. By G. E. Wire, M. D., LL.B. . . . .	145
Partial Proving of Anacardium. By C. H. Thomas, M.D. . . . .	16
Physician, the Law and Life Insurance, The. By Chas. Tatman, Esq. . . . .	I
Possible Influence of Manual Education upon the Development of the Speech Centres, The. Illustrative Case. By Frank C. Richardson, M.D. . . . .	529
Post-Graduate Work. By Conrad Smith, M.D. . . . .	447
Pregnancy, following Tubo-Ovariectomy on One Side and Ligation of remaining Tube, complicated by a Mitral Regurgitation and Ventral Suspension. By J. Emmons Briggs, M.D. . . . .	154

Presidential Address to the Alumni Association, B. U. S. M. By J. Emmons Briggs, M.D. . . . .	344
Presidential Address to the Maine Homœopathic Medical Society. By L. A. Stewart, M.D. . . . .	289
Presidential Address to the Massachusetts Homœopathic Society. By George S. Adams, M.D. . . . .	433
Prevention of Pelvic Disorders, The. By Helen S. Childs, M.D. . . . .	49
Refrigeration in Tuberculosis. By George F. Forbes, M.D. . . . .	57
Report of an Unsuccessful Case. By Grace E. Cross, M.D. . . . .	340
Septicemia and the Curette. By H. Plimpton, M.D. . . . .	491
Significance of Some Eye Symptoms in General Diseases, The. By G. H. Talbot, M.D. . . . .	52
Some Drug Studies in Relation to Rheumatism, Gout, and Lithemia. By Richard Hughes, M.D. . . . .	241
Some Notes on the Swedish Movements and Massage. By Otto Lofstedt, Medical Gymnast . . . . .	449
Summer Diarrhœa of Infants. By H. H. Amsden, M.D. . . . .	305
Surgical Clinics of the Massachusetts Homœopathic Hospital, The. Service of Nathaniel W. Emerson, M.D. . . . .	338
Tinctures or "Fluids" — Which? By John M. Wyborn, F. C. S. . . . .	353
Treatment of Lupus and Cancer by the X-Ray. By Benjamin T. Loring, M.D. . . . .	438
Tuberculosis of the Skin. By John L. Coffin, M.D. . . . .	399
Urine in Arthritic Diseases, The. By J. Bergen Ogden, M.D. . . . .	247

## EDITORIALLY SPEAKING.

Amalgamation of the Profession, The . . . . .	260
Division of Fees, The . . . . .	203
Heard "En Route" . . . . .	545
Hughes Memorial Fund, The . . . . .	360
Important Legislation . . . . .	116
Institute Meeting, The . . . . .	408
New German Homœopathic Pharmacopeia, The . . . . .	20
New England Medical Gazette in 1902, The . . . . .	18
Our Attitude toward the Young Physician . . . . .	311
Physical Education of the Young . . . . .	66
Present Tendencies . . . . .	115
Richard Hughes, M.D. . . . .	261
Sanatorium Treatment for Tuberculosis . . . . .	503
Spitting as a Menace to Health . . . . .	356
Venereal Diseases and Its Prevention . . . . .	164
Virchow . . . . .	452
William Todd Helmuth, M.D. . . . .	262

**SOCIETIES.**

American Institute of Homœopathy . . . . .	123, 178, 267, 321, 556
Boston Homœopathic Medical Society, 22, 32, 35, 67, 117, 170, 204, 264, 314, 508, 547.	
Homœopathic Medical Society of Western Massachusetts . . . . .	122
Local Committee of Arrangements for the Annual Session of the American Institute of Homœopathy . . . . .	558
Maine Homœopathic Medical Society . . . . .	326
Massachusetts Homœopathic Medical Society . . . . .	505
Neighborhood Medical Club . . . . .	554
Notes on the Pathological Exhibit at the Meeting of the Ameri- can Medical Association, Saratoga Springs, New York . . . . .	324
Ophthalmological, Otological, and Laryngological Society . . . . .	361
Worcester County Homœopathic Medical Society . . . . .	122

Books and Reading, 45, 77, 126, 179, 210, 269, 327, 368, 412, 456, 514, 561

The Specialist . . . . . 129, 183, 213, 273, 331, 372, 415, 461, 521, 571

Abstracts from Books and Journals 85, 132, 186, 217, 278, 377, 419, 466

College, Hospital and Laboratory Notes 93, 139, 190, 236, 283, 333,  
382, 477, 526.

**OBITUARY.**

Dr. Francis Edmund Boericke . . . . .	95
Dr. Alonzo Boothby . . . . .	140
Dr. William von Gottschalk . . . . .	237
Dr. Richard Hughes . . . . .	285
Dr. Edward Payson Scales . . . . .	431
Dr. William F. Shepard . . . . .	237
Dr. Selden Haines Talcott . . . . .	335
Dr. Frank R. Warren . . . . .	238
Mr. William M. Morse . . . . .	383
Hon. Alden Speare . . . . .	237

Personal and General News Items 48, 96, 142, 192, 238, 286, 336, 383,  
432, 478, 527, 576.

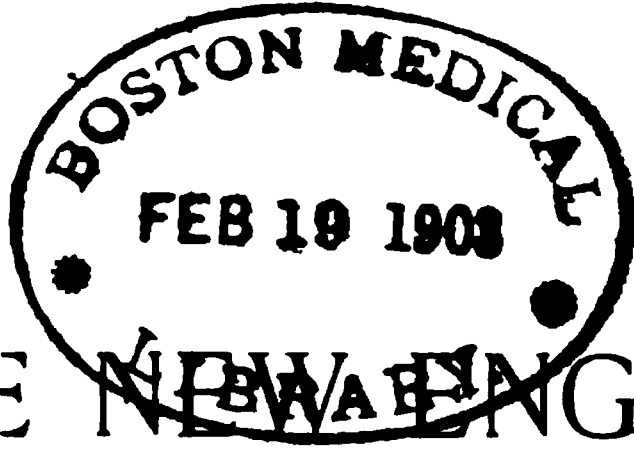








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# THE NEW ENGLAND MEDICAL GAZETTE

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ORIGINAL COMMUNICATIONS.

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## THE PHYSICIAN, THE LAW AND LIFE INSURANCE.

BY CHARLES T. TATMAN, ESQ.

[Read before the Boston Homœopathic Medical Society, Nov. 21, 1901.]

It would be as presumptuous for the layman to talk medicine as to talk law. It is dangerous for any man to assume much knowledge of life insurance unless he is the president of a company and has the experience of an actuary.

It must be a fearful and wonderful thing for a physician to hear the average man prate about his own body while assuming a thorough knowledge of his organs and the different influences brought to bear upon them. Yet every man of us is constantly observing with reference to these things. So, too, all men are carrying on business and social relations with one another all the time and they can not help learning a little law. Yet the first rule of a lawyer is never to discuss the law with a layman.

But it is the business of the life insurance man to discuss life insurance with every man. And the less the public know about it the better for the agent. The fact is that the insured always gets his money's worth if he buys his life insurance from a good company. Yet the clever agent can prove any one of a hundred different policies in any one of a hundred dif-

ferent companies, the best policy in the best company in the world.

There are places where the boundaries of law and of life insurance touch very closely upon the domain of the physician and of these I shall speak. I hope to get some instruction myself. I shall not attempt to teach any medicine, but shall hope to state correctly the condition of the life insurance law as it interests the physician, especially the law of Massachusetts.

Before issuing a policy of life insurance on any man's life the company requires that he be examined by a reputable physician and be pronounced a safe risk. It is thus impossible for a large proportion of people to obtain protection through any life insurance company worthy of the name. Now there does not need to be any law about the sound, well man—the selected life. But there must be rules of law to apply to cases where the unsound, the sick man seeks life insurance.

The physician's duty in examining an applicant for life insurance is a double one. He owes a duty to the company to see that it is not imposed upon, that it does not issue a policy to a person likely to die before the allotted time of a well man at his age. In many cases the company can protect itself later if it has been imposed upon at the time of the issuance of the policy. But in more cases it cannot protect itself, for two reasons: first, because it does not know that it has been victimized; second, because it cannot prove it.

Then again, the physician owes a duty to the public, or rather to the applicant for life insurance. The physician must interpret the questions printed in the company's application blank, and must write down the applicant's answers truthfully and in such a manner that they will not return as a ghostly torment when somebody wants to collect from the company. For by the fraud or mistake of the physician a man might be induced to pay thousands into the treasury of a life insurance company, and then his widow or his next of kin be denied any part of the same, on account of some misrepresentation fatal to the validity of a claim.

Insurance is several centuries old, but life insurance only about a century and a half. In all that time the courts have been talking about representations and warranties, and drawing distinctions between them. At common law, that is, in the absence of any modifying statute passed by the legislature, the rule seems to be something like this: A representation is a statement of existing fact made as part of an inducement to obtain life insurance. In case such representation is false and material, as for instance if a man said he was in good health but as a matter of fact was suffering from phthisis, the company has a good defence to the action to recover on the policy. In such case the burden is on the company to prove that the representation was false and material. A warranty is a part of the policy itself and either may be a statement of existing fact or may be a statement of a condition or a contingency; in either case it must be strictly and literally true or complied with, whether material or not, or otherwise there can be no recovery upon the policy. "The burden of proof is upon the plaintiff to present a case in all respects conforming to the terms under which the risk was assumed." (*Campbell vs. New England Mutual Life Insurance Co.*, 98 Mass., 381 at 390.)

Nobody has ever made much improvement on the statement of the common law made by the illustrious Lord Mansfield in an English case decided in 1773 (*Pawson vs. Watson*, Cowp. 785 at 787), also approved by the great Baron Parke in a later case (*Anderson vs. Fitzgerald*, 4 H. L. Cas. 484 at 496), and quoted by the very able Judge Barker of our own Supreme Judicial Court in a recent Massachusetts case, (*White vs. Provident Savings Life Assurance Society*, 163 Mass. 108 at 114), as follows: "There is no distinction better known to those who are at all conversant with the law of insurance than that which exists between a warranty or condition which makes part of a written policy and a representation of the state of the case. Where it is a part of the written policy, it must be performed . . . . Nothing tantamount

will do, or answer the purpose. It must be strictly performed, as being part of the agreement . . . . . So that there cannot be a clearer distinction than that which exists between a warranty which makes part of the written policy and a collateral representation, which, if false in a point of materiality, makes the policy void ; but if not material, can hardly ever be fraudulent."

And the courts have gone on from that time trying to solve every question of insurance by one of those two keys — representation and warranty. And the companies have seen the advantage of incorporating as much as possible into the contract and putting the label of "Warranty" upon everything said by the insured. As a learned Judge of our own State has well said ( Barker, J., in *White vs. Provident Savings Life Assurance Society, ubi supra* ) : " It is easy to see how an insurer, by multiplying immaterial statements to be made by the insured, and giving to them by the wording of the policy the technical character of warranties, can in the absence of any statute provision upon the subject, place the assured in a position in which it will be difficult, if not impossible for him, although he has acted in good faith, to recover upon his contract because of some inaccurate statement on his part. If he is held to have warranted the truth of a statement, its exact and literal truth is a necessary condition of his right to recover, however immaterial the statement may be, and however honest may be his conduct."

Now, the companies have not been slow in grasping this advantage, and hence the courts have had some hard cases with which to deal. Sometimes in a particularly hard case the Court would simply say that this or that was not a warranty at all, by whatever name called, but was only an immaterial misrepresentation, and would allow recovery in the case. Thus has accumulated a mass of apparently contradictory decisions, the result of hard bargains and tough cases.

It is fair to say that the reliable insurance companies of good standing do not contest honest claims. And doubtless

in many of the cases just referred to, the company honestly felt that it had been defrauded, and its attorneys had only done their duty in putting every possible obstacle in the way of a fraudulent claim. It is sometimes hard to prove the real defence, and technical defences are then resorted to.

But this number of cases multiplying, and the tangle of decisions all over the country becoming more and more complicated, our Massachusetts Legislature a few years ago passed a law which cut the Gordian knot. ( St. 1878, c. 157, § 1, re-enacted as Pub. Sts. c. 119, § 181 ; later extended to all kinds of insurance in St. 1887, c. 214, § 21 ; re-enacted in St. 1894, c. 523, § 21 ; and explained or modified by St. 1895, c. 271.) The law as it now stands in Massachusetts is as follows :

“ No oral or written misrepresentation or warranty made in the negotiation of a contract or policy of insurance, by the assured or in his behalf, shall be deemed material or defeat or avoid the policy, or prevent its attaching, unless such misrepresentation or warranty is made with actual intent to deceive, or unless the matter misrepresented or made a warranty increased the risk of loss.”

Under this statute representations and warranties are the same thing, and the burden is put upon the company to show either one of two things in order to defeat the policy : first, actual intent by the insured to defraud the company ; or second, that the matter misrepresented increased the risk. This brings us pretty nearly back to the old common law of representations, by virtually enacting that warranties are nothing but representations.

It has always been the law that where a man stated something material falsely, though innocently, there could be no recovery upon the policy ; as where an applicant represented that he was in good health, while he was really in consumption although he did not know it. ( *Vose vs. Eagle Life and Health Insurance Co.*, 6 Cush. 42 at 49.)

The physician is not the guardian of the applicant's conscience, but he can by negligence be the cause of much trou-

ble or great injustice. The physician writes the applicant's answers to all the questions. Perhaps the physician reads them slowly and carefully, so that the applicant knows what he is answering, and perhaps he races through them with a hissing and whizzing like an automobile, not giving the poor applicant a proper opportunity to hear what the questions are or to think what answer he should make.

Lots of people complain of red tape. Doctor, it is not red tape to fill out an application for life insurance, any more than all your performances are red tape when you are preparing a room for an operation for appendicitis. The laity may ridicule your precautions, but you know the responsibility which is upon you to render the conditions of your work flawless. So is it extremely important that you aid the applicant for life insurance to answer correctly every question that he attempts to answer at all. His rights are not affected by those he fails to answer. But think of the wrong done and the suffering inflicted if the widow or the fatherless children fail to receive the expected benefit, and all on account of some false statement carelessly made, the subject matter of which really increased the risk, and yet which might not have stood in the way of the issuance of the policy. And think of the money you could save for the insured himself, who keeps pouring in his annual premiums, only to forfeit all those moneys to the company, in accordance with the terms of the ordinary policy.

True it is, that the applicant is required to sign the application, and just as true is it that he is presumed to have read and understood what he has signed. Yet I venture to say that in nine cases out of ten the applicant makes no more than a cursory reading of the questions and answers, being given the physician's impression that everything is all right and the whole business only a mass of red tape.

Now the physician ought to see to it that the application is carefully and truthfully answered, having in mind the rule of law that if the matter misrepresented, whether wilfully or carelessly, increases the risk, the policy will be defeated.

It is only necessary for the applicant to make his answers conform to substantial truth. "To defeat the policy they must be shown to be materially untrue, or untrue in some particular material to the risk." (Campbell *vs.* N. E. Mut. Life Ins. Co., 98 Mass. 381 at 395.) The Court in those words came very near the language of the present statute, although speaking more than thirty years ago. In that case the usual questions appeared in the application: "Whether now, or heretofore, and when, and how long, and to what degree, subject to, or at all affected by, any of the following diseases and infirmities" under which heading came "spitting of blood." There had been some evidence that the insured had spit blood and the Court instructed the jury that "the repeated spitting of blood, accompanied by a cough, was so far an indication of disease that if the applicant had suffered from it he was bound to have so stated; that if he was subject to occasional spitting of blood, accompanied by a cough, he was bound to have stated that fact; and that the same was true if he has spit blood in a single instance, if recent, and such as to excite apprehension in his own mind that it was the result of disease." Upon this the Supreme Court said: "Considering the various forms and degrees in which the spitting of blood with a cough may manifest itself, the uncertainty as to its source and cause, and the character of the facts which the testimony in this case tended to prove, we cannot say that the rulings of the Court ought to have gone further than this in favor of the propositions of the defendant. The mere raising of a small quantity of blood with a cough in a single instance is not necessarily an indication of disease, or a material circumstance, so that such an occurrence, however slight, at any time during the previous life of the applicant, would make his answer such a misrepresentation as to require that the Court should so declare it as a matter law. . . . It was for the jury to determine upon the evidence, and in view of all the circumstances under which the spitting of blood by Andrew Campbell was testified to before them, whether his represen-

tions in regard to it, in his answers to the inquiries of the company, varied from the truth in any respect material to the risk. It was for them to judge not only of the fact of variance but of its extent and materiality.

“Some diseases or bodily conditions are of such a nature that the question whether they increase the risk of loss is for the jury . . . . On the other hand, there are conditions and diseases of a nature which requires it to be held, as matter of law, that a misrepresentation as to them is one as to a matter which increases the risk of loss, within the meaning of the statute. . . . Consumption is of this latter class.” It makes no difference whether the insured died of consumption or of some other disease. “Whether his representation as to consumption was as to a matter which increased the risk of loss did not depend upon the disease, but upon whether the fact that he had consumption increased the risk that he would soon die.” (*Brown vs. Greenfield Life Assn.*, 172 Mass. 498.)

There is a usual question as follows: “When and by what physician were you last attended and for what complaint?” Where this was answered “Not since childhood,” it has been held that this was false if he went to the office of a physician, told him that he had coughed and spit blood, desired him to make a physical examination, to which he submitted, receiving a prescription and paying for the services of a physician, and subsequently calling again at the physician’s office and consulting him professionally and paying him a fee. The Court says that “the circumstances recited show that the insured was under the care and treatment of the physician for a complaint, and was as really attended by the physician as if the latter had seen the insured at his home.” (*White vs. Provident Savings Life Assurance Society*, 163 Mass. 108 at 116.)

It has been decided that “whether the statements and answers of the application were incorrect, and whether, if they were incorrect, the misrepresentations were made with actual



intent to deceive, or, if not so made, whether the matter misrepresented increased the risk of loss, were all questions of fact, to be submitted, if there was a conflict of evidence, to the jury with proper instructions." In such case the Court goes on to say: "The only exception stated in the bill is to the refusal of the Court to rule that, upon all the evidence, the plaintiff was not entitled to recover, and to direct a verdict for the defendant. We might over-rule the exceptions upon the ground that the bill does not present or purport to present to us either all the evidence or the substance of the evidence. But assuming in favor of the defendant that the substance of the evidence is stated, in our opinion the ruling asked could not have been properly given." (*Levie vs. Metropolitan Life Ins. Co.*, 163 Mass. 117 at 118.) It was also decided in the same case that where the question asked was "Are you ruptured, and if so, do you wear a well fitting truss?" the question related to the time of the application. The answer was "No," and it appearing at the trial that the insured had suffered from a strangulated hernia the year before the application, and there being some evidence that he had recovered from it, the court said: "It is not a matter of law that a person who has once had hernia is thenceforward 'ruptured.' Whether the negative answer to this question was correct or incorrect was therefore a question of fact." Of course, generally speaking, all disputed questions of fact are for the jury to determine. In the same case the applicant had represented that he had had no illness since childhood, and had consulted only one physician, naming him, and that one for the grippe. The fact was that he had consulted the same physician and a different one for the hernia before mentioned. But the Court said it was still a question for the jury whether there was any intent to deceive, or whether the matters misrepresented increased the risk of loss.

It has been held where the applicant said he had never had "disease of the kidneys" and where the proof of death in answer to a question as to "previous sickness," recited that

(Insurance Company *vs.* Gray, 91 Ill., 159.) If I have not before raised enough points for discussion, I am sure that this last is enough to keep the doctors guessing.

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## **MATERIA MEDICA OF TODAY.**

BY FRANK E. ALLARD, M.D.

[ Read before the Boston Homœopathic Medical Society, Nov. 7, 1901.]

The beginning of the new century has brought forth from medical orators and writers volumes of reminiscence and prophecy. Never in the history of medicine has so much been said and written of the marvelous discoveries in medical science as during the past year. But study the past as we may, it must be acknowledged that the last fifty years has witnessed but little progress in the development of the *materia medica* and the application of drugs in cure of disease. Every other branch of medicine does show progress, but the foundation on which medical science began — *Materia Medica* — has been neglected.

A prominent old-school writer in the course of an article on "Medicine During the Last Century" says that the century has witnessed the growth of a new school of practitioners who care nothing for Homœopathy and still less for so-called "Allopathy;" a school which seeks to study rationally and scientifically the action of drugs, the old and the new. Since the author has practically little knowledge of Homœopathy, it is presumed he refers to a class of practitioners which is certainly on the increase, who have drifted away from the foundation principles of both the "old" and "new" school as far as the application of drugs is concerned, and their faith in medicine grows less and less, with a tendency to abandon drugs altogether.

It is evident from the writings of the dominant school that with very rare exceptions they do not credit the "new" school

with any influence in modifying the practice of medicine either past or present, and to their minds there will be no place for the principles of Homœopathy as laid down by Hahnemann in the ideal future school of medicine. But it must be admitted that the Homœopathic School is founded on a therapeutic principle, which every follower of Hahnemann believes to be true — a principle which no other school in existence can claim and which more nearly conforms to the ideal of the future. In fact just such a one as we of the new school are trying to perfect today.

Our *Materia Medica* has been the subject of as much, if not more, *witticism* and *criticism* than that of the “old” school. No one feels its imperfections more than the honest practitioner who firmly believes and faithfully practices according to the law of similars, and to him we must look for a reform.

The condition of our *Materia Medica* today is certainly such as can do credit to no school, hence the young practitioner meets with disappointment and failure unless he early recognizes that it is not the principle that is wrong but the application of the law. During the latter part of the last century, with these imperfections ever before us, little has been done to develop and keep our *Materia Medica* abreast of the times, and I believe the time has now arrived when we must stand or fall on this one issue. Never before in the history of nations has there been such a demand for a school of medicine based on “truth and scientific honesty ;” in other words there has never been such a demand for Homœopathy. Yet if I read the signs of the times aright there is a growing tendency on the part of our school to drift away from the teachings of its founder and his followers, and manifest less and less faith in the efficacy of drugs prescribed according to the law of similars.

It would hardly seem necessary for one who has carefully read the works of Hahnemann and his disciples to offer any argument for or against its truth. That which has been ver-

ified over and over again by honest, scientific investigators can not be so easily overthrown by a class of practitioners who regard its law with indifference and doubt. If the law had been false the criticisms and opposition which it has met for the last century would have placed it long ago beside many others in "The Museum of Medical Failures"; instead of that, having for its foundation a natural law, it has withstood the tempests of opposition and persecution, and in the minds of many practitioners is a scientific fact and an invariable law.

Humanity on every side cries out for a system which will cure by a safe and speedy method. How shall we meet that demand? How shall we make ours pre-eminently the school of the future? Are we doing today all that can be done to make us worthy of such recognition? I believe not and unless we can keep our distinctive weapon — our *Materia Medica* — abreast of the times and make it more and more potent and practical in the eradication of disease we can never hope or deserve to succeed as a school. If Homœopathy is to become the dominant school of the future it can not be accomplished by legislation, but by superior skill, and strict and faithful adherence to the law of similars. The masses are quick to recognize the merits of a system practiced by physicians who are capable of making cures by a safe, speedy and rational method. What cares the patient how he is cured? Discussions and pretensions only lessen his chances and make him sceptical.

When the "new school" unites *en masse* on a much higher plane than they now occupy — a plane above monetary and other selfish motives — a plane of exact truth — I predict that our school will take the lead above all other systems of medicine as far as internal medication is concerned. We can perhaps never boast of completeness or perfection, but with the development of our *Materia Medica* we shall approach nearer and nearer the great field of truth which we seek.

How shall we begin, or rather continue the work? Many schemes have been devised but the task seems too great. If

I were to begin I would commence with this society which has given far too little of its time to the subject of *Materia Medica*. Here let me quote Article II. of our Constitution :

“The object of this society shall be, first, the improvement of the art of healing in accordance with the formula ‘*Similia similibus curantur* ;’ by the improvement of the *Materia Medica*, through the proving of drugs upon the organisms of man and animals ; and by the improvement of applying in disease according to the above formula medicines thus proved.”

Since our school must stand or fall on our *Materia Medica*, and its application to the cure of disease, should we not devote our best energies to its development ? Should it not be foremost in our practice ?

If Hahnemann and his immediate followers with their crude drugs and deficient knowledge of sciences could accomplish so much, how much more can we accomplish in this enlightened age of discoveries and inventions ?

What are we going to do about it ? Begin at once the improvement of our *Materia Medica* in this society. Lend our hearty support to the movement which the O. O. and L. Society has begun. Establish and endow a chair in the Boston University School of Medicine for the proving of drugs. Begin a systematic re-proving of all drugs, eliminating as far as possible useless subjective symptoms. Add reliable objective symptoms which can be determined by applying such modern instruments of precision as the sphygmograph, cardiograph, stethoscope and microscope. Subject these provings to the sharpest criticism and the light of every modern discovery. Open a laboratory for the study of drugs themselves. Make it compulsory for each student to become familiar with all the detail of drug proving and drug action. Such a movement will be supported and watched with interest not only by the profession but also by all intelligent people. In this manner we shall not only improve our *Materia Medica* but we shall

fill our graduates with the enthusiasm and faith which is necessary for the successful practice of Homœopathy, and impress upon the world the safety and accuracy of the law of similars in the cure and relief of disease.

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### **A PARTIAL PROVING OF ANACARDIUM.**

BY C. H. THOMAS, M.D.

[Read before the Boston Homœopathic Medical Society, Nov. 7, 1901.]

I believe we profit more by failures and misfortune than by success, and the impression made is, in my experience, of longer duration. This is the excuse for presenting this brief consideration of some of the effects of Anacardium locally applied.

Several years ago while prescribing for a student in a neighboring city who was preparing for mid-year examinations and fearful of the result, as his memory utterly failed him in the sphere of absorption, several drops of the second decimal of the drug came in contact with the back of my left hand. It was removed with a handkerchief and nothing thought of the matter until the next morning. On arising there was a slight itching, burning, prickly sensation of the hand, cheeks, eyelids, lobes of the ear and inguinal regions. Application of hot water was decidedly disagreeable, much increasing the burning and prickly sensations. Lightly rubbing the parts gave temporary relief. As the day advanced these sensations increased in severity until evening, when the regions before mentioned were found intensely reddened, somewhat hardened, itching intolerably with the suggestion of a vesicular eruption, which was plainly evident in the morning of the next day, or about thirty-six hours after the drug came in contact with the hand. In two days more the vesicles had changed to pustules, the affected parts were much swollen, skin thickened, dry and hot around the pustules. These were opened,

contents evacuated and the same train of symptoms again appeared, due in all probability to the poisonous nature of the pustular discharge. While hot water at first produced intense aggravation it was followed by the most relief — as lotions of acetate of lead, carbolic acid, alcohol and boric acid did not in the slightest degree produce any amelioration. Searching in Hughes' Pharmacodynamics for a remedy my attention was drawn to Anacardium, and there the exciting cause was discovered. *Juglans Cinerea* was mentioned as antidotal. This was tried with no results, so hot water was continued and the pustules allowed to dry up. In about ten days the skin exfoliated with the gradual cessation of the objective and subjective symptoms. My experience was communicated to the Hahnemannian Monthly substantially as here presented.

Three or four months later a communication was received from a Homœopathic physician residing in Denver, Colorado, giving the particulars of a case under treatment with the drug, the administration of which caused the same cutaneous disturbance, and marked mental excitement which was more forcible than elegant. He wished to confirm the symptoms as described and desired information as to what gave the best result in removing them. (Howe's experience.)

Substantial proof of the power of Anacardium to produce cutaneous disturbances of the character mentioned having been conclusively shown, should we not expect a curative action in poisoning by the varieties of sumach, and in Dermatitis Herpetiformis, Herpes Zoster, and some forms of Urticaria. During the summer the most favorable results were observed from its administration in supposed brown tail moth poisoning, the 3 x being employed.

## EDITORIALLY SPEAKING.

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 15th of the month preceding*.

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## THE NEW ENGLAND MEDICAL GAZETTE IN 1902.

With the issue of the January number for 1902 the *New England Medical Gazette* enters upon its thirty-seventh year. As is very generally known this journal is *the* representative of the homœopathic profession in the Eastern States. Year after year it has published contributions from leading physicians and surgeons of our School upon all subjects in medicine and surgery of vital interest, and has given official reports of the proceedings of State and local medical societies.

Its many departments have been well and worthily maintained, and its long and successful career is sufficient evidence of the place it has occupied in medical journalism.

But while we can look back with satisfaction to the thirty-six completed volumes of the *Gazette*, we do so not with a spirit of complacency, as if the end had been attained and future volumes had but to repeat past successes, but rather with the desire to find in the latter inspiration for future efforts, and incentives to earnest and sustained endeavors.

It is our intention to make the pages of the *Gazette* during the coming year, richer than ever before in helpful knowledge and information. Among other improvements there will be an extension of the departments which contain information of the world's scientific work and progress in medicine.

News items of professional doings and changes, of college and hospital happenings will be made a feature, and fair and unprejudiced notices will be given as heretofore of new medical books and other publications, for a physician must always be a student, and books as well as drugs and instruments are among his tools.



Reports of society proceedings, either condensed or in full will appear in the *Gazette*, and advance announcements of important meetings of scientific societies at home and abroad.

We believe that the homœopathic physician of today with well stored, well equipped mind, desires and demands a journal of medicine and surgery which shall be not only up to date and reliable, but also free from all that is cheap, common, and illiterate. It is our intention to make the *Gazette* conspicuous for its adherence to this policy, for while matter is of prime importance, the manner of its presentation is also of consequence. There is room for medical literature within the republic of letters, and facts are not less forcible and valuable because presented in passable English.

Both the profession and laity today, insist that our colleges shall be institutions of intellectual worth as well as of technical merit, and we believe that the great majority will agree with us that a corresponding advance should be made in medical journalism. But that which is essential to the success of any enterprise is coöperation, and coöperation is the dominant note of the century.

In the production and distribution of the world's wealth, in the maintenance and development of the world's industries, reliance must be had upon adequate coöperation of brain and muscle, capital and labor. Mutual sympathy, support and effort are not merely contributory, but essential to success.

The "bearings of this obserwation," in the words of the illustrious Bunsby, "lays in the application on it." For the enlargement of the *Gazette's* sphere of usefulness we must rely upon the profession; the evidence of approval we desire to find in the words and contributions of our correspondents, and in the increasing length of our subscription list. We ask, then, for your cordial and practical support, and in return you shall have the results of our best endeavors to supplement the knowledge gained by your daily personal work, with the knowledge gleaned from the experiences of your confrères and co-laborers.

**THE NEW GERMAN HOMŒOPATHIC PHARMACOPEIA.**

The homœopathic medical profession in Germany is to be congratulated on the completion and publication of the new German Homœopathic Pharmacopeia. Heretofore there have been marked differences in methods and consequent variations in strength of preparations due to dissimilarity in rules in the leading pharmacopeias in use, notably those of "Gruner" and of "Schwabe." These authorities will now be set aside and superseded by the present volume.

It may be remembered by some of our readers, that the late Carl Gruners of Dresden, in his pharmacopeia issued in 1845, introduced the requirement for maceration, as well as for expression, in the preparation of tinctures made from succulent plants. This occasioned much hostility at the time, as introducing a method varying from Hahnemann's original instructions, and this hostility has continued to exist to a limited extent from then until now. In the new German Homœopathic Pharmacopeia this requirement for maceration is included, so that the old form of tincture prepared by expression, is not now recognized by any of the standard pharmacopeias of the world.

We gain from the preface much information of value as to the work, and the unanimity of sentiment among the medical profession in Germany at the present time, on questions that have previously caused much discussion.

The request for the appointment of a commission to prepare the pharmacopeia, came from the German Druggists' Union at their assemblage at Dresden in 1896, and this promptly met the approval of the Prussian and Wurtemberg governments. The commission as appointed consisted of twenty-seven members, of whom five were high school professors; twelve, homœopathic physicians, and ten, homœopathic druggists.

In August, 1897, the commission held a session at Berlin at which the general plan of the work was discussed, and it

was found that great unanimity of sentiment existed on questions pertaining to its arrangement, the list of medicines, etc. It was also found that a majority favored the simplification of the methods of Hahnemann in the preparation of tinctures. This question was settled later by vote of the commission in favor of making a change in methods, but five members dissenting.

The commission then desired to ascertain the views of the German homœopathic profession on this important question, and to accomplish this they addressed the ascertainable homœopathic physicians and pharmacists, in all 235 physicians and 25 pharmacists. Replies were received from 147; of these 130 fully endorsed the action of the commission, and, as they express it, but a vanishing few disagreed.

The work includes only such preparations as are distinctively homœopathic and the rules for making the same; in fact, it forms a supplement to the standard pharmacopeia of the German Empire, to which book it refers for all tests of drugs and such other information as will be found therein.

The rules given for the preparation of tinctures — and this feature is of most importance in a homœopathic pharmacopeia — show some advances over previous methods as employed in Germany. The process of maceration is adopted in all cases, and the rules of action have been simplified.

The mother tinctures are practically arranged in two groups:

1st. Those made from fresh plants, or animals and their parts, and these are as a rule made in the proportion of one part drug to two parts strong or dilute alcohol.

2nd. Those prepared from dried drugs are with but few exceptions made in the proportion of one to ten, and strange to add the tincture has been made the unit of strength.

We cannot but think that a great opportunity has here been lost in not accepting the English methods of tincture preparation, which insures uniformity of strength, and offers a purely scientific method of drug preparation.

## SOCIETY REPORTS.

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### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

#### BUSINESS SESSION.

The regular meeting of the Society was held at the Boston University School of Medicine Thursday evening, Nov. 7, 1901, at 8 o'clock, the President, T. Morris Strong, M.D., in the chair.

The records of the last meeting were read and accepted.

Thomas E. Chandler, M.D., of Brighton, was elected to membership.

The committee appointed to draw up resolutions on the death of Dr. Jane K. Culver reported as follows :

Dr. Jane Kendrick Culver died May 23, 1901, at her residence 2 Commonwealth Avenue, Boston, after a long and painful illness, from heart disease. She leaves one daughter and three grandchildren.

Dr. Culver was born Nov. 13, 1827, near Enfield, Mass., and was the daughter of Jacil Kendrick. Her maternal grandfather was one of the Alexander Hamilton family, and her mother was a Felton, one branch of the family having been President of Harvard University, while three others were at the head of as many institutions. Her husband, William C. Culver, was a nephew of Hon. David Culver, for whom one of the buildings of Dartmouth College was named.

Dr. Culver was graduated from the Boston University Medical School in 1879, and was in active practice in Boston twenty-two years. She was a member of The American Institute of Homœopathy and at one time its honorary Vice President. Also a member of the Massachusetts Homœopathic Medical Society ; Boston Homœopathic Medical Society, Massachusetts Gynæcological Society and Boston University Alumni Association.

She was the oldest member of the Ladies' Physiological Society and was at one time its Vice President. She was also connected with various charitable societies.

Dr. Culver had indefatigable perseverance and undaunted courage, which, with her warm sympathy and tender heart, were undoubtedly the strong ties that bound her to her friends and patients, by whom she was much loved. Her time was fully occupied with her large practice, but to a call for helpful service, she always responded, and gave her best unstintingly.

WHEREAS, an all-wise Providence has removed from our midst, our dearly beloved friend and colleague, Dr. Jane Kendrick Culver,

*Therefore*, we, members of the Boston Homœopathic Medical Society do

*Resolve* that we express our grief at her loss, our appreciation of her conscientious work as a physician, and our sympathy for her bereaved family.

*Resolved*, that these resolutions be included in our records, and a copy be sent to the family.

ADALINE B. CHURCH,	}	<i>Committee.</i>
SARAH S. WINDSOR,		
MARY L. SWAIN,		

The resignations of Drs. H. A. Downs and Susan H. Gibbs were read and accepted.

The President appointed Dr. Anna B. Davis, of Boston, Treasurer of the section of Electro-Therapeutics, in place of Dr. Clara C. Simmons, who declined to serve.

#### SCIENTIFIC SESSION.

Dr. J. Emmons Briggs exhibited an enterolith recently removed from a woman seventy-seven years of age, who was taken seriously ill about four days before he saw her with all the symptoms of intestinal obstruction. Upon examination of the abdomen on the right side in the umbilical region was a hard bunch. The patient was removed to the hospital and operation followed and a gall stone was found about six inches from the cæcum. It had worked its way out from the gall bladder, by sloughing, into the duodenum without much pain. A few months previous considerable pain was felt in the hep-

atic region. Attention was called to the record the patient had made since. When first seen temperature was  $100^{\circ}+$ ; on the evening of the operation,  $102^{\circ}$ . Pulse at time of operation 102, now 64; within twelve hours had normal movement of bowel and has had since, and as far as can be seen she is making a perfect recovery.

Dr. Briggs also mentioned a very interesting case operated upon the night before (Wednesday). A boy about 13 years of age was shooting and the breech of the gun exploded tearing away a portion of the wrist, lacerated all the structures, taking away every tendon in the wrist, except the thumb tendon; the muscles of the thumb were lacerated; two bones of the carpus were shattered and one of the metacarpal bones. It seemed like a hopeless case and that it would be necessary to amputate the hand. On careful examination and washing up, I found it was possible to bring the tendons together and suture them, but, because there are so many in the anterior portion of the wrist, it was difficult to tell the right tendons to suture. Finally, by use of a battery, I was able to identify the corresponding tendons. This morning the patient can move all the fingers on the injured hand except the first finger. From the fact that he can move all others I think the sutures are right.

Dr. W. H. Watters exhibited an improved method of procuring blood films. To secure good blood films it is necessary to have them baked at the proper temperature. The usual way is to put them on a copper plate and bring them to a proper temperature. A copper plate, unless heated for a long time, will not be of the same temperature. This has been the difficulty with which those who work in blood films have had to contend, and to secure the same temperature it is necessary to move the plate from time to time. By using a quadrilateral copper plate, with a tongue with parallel sides attached to it, the difficulty will be obviated. The apparatus shown was suggested by Dr. Colby. If the same heat is left on for an hour, the boiling point has moved backward less than one inch, therefore, we can leave the blood films on for

half an hour and know that the temperature is the same.

Dr. Colby : I have but little to say upon this subject and but little to do with it save that my difficulty in making blood films has been exasperating, and it occurred to me that if we had a narrow neck with parallel sides we might have a uniform boiling point. You apply heat for ten minutes and think everything is all right, because you have established a boiling point, and put on your cover close at that line and bake them five to fifteen minutes ; at the end of the time it occurs to you to see if the boiling point is right, and find that it has changed in five minutes and you don't know where you are. Dr. Watters has put in a parallel radiating surface of radiation and the films can be left twenty to forty-five minutes with a feeling of security that the temperature is all right.

#### REPORT OF THE SECTION OF MATERIA MEDICA.

*Chas. H. Thomas, M.D., Chairman; Mary R. Mulliner, M.D., Secretary; Hovey L. Shepherd, M.D., Treasurer.*

The President appointed Drs. Wells, Piper and Hinson a committee to nominate sectional officers for the ensuing year. The Committee reported as follows : Chairman, Nelson M. Wood, M.D. ; Secretary, Lillian B. Neale, M.D. ; Treasurer, Frank A. Hodgdon, M.D., who were duly elected.

#### PROGRAMME.

1. "A Proving of Anacardium" Chas. H. Thomas, M.D.  
Discussion opened by Walter Wesselhoeft, M.D.
2. "Materia Medica of Today." Frank E. Allard, M.D.  
Discussion opened by F. B. Percy, M.D.
3. "The Homœopathic Materia Medica." John P. Sutherland, M.D.  
Discussion opened by Conrad Wesselhoeft, M.D., H. E. Spalding, M.D., Hovey L. Shepherd, M.D.
4. "The Boston University School of Medicine in the State Examinations." S. H. Calderwood, M.D.  
Discussion opened by N. R. Perkins, M.D.

## DISCUSSION.

Dr. F. B. Percy gave the following account of an accidental proving of *Anacardium*: "Some years ago I had been, on two different occasions, severely poisoned by *rhus*, and since then each year, during the late spring or early summer and particularly after exercising, a vesicular eruption appears on the dorsal surface of both hands, the eruption being accompanied by much itching and discomfort. I took *Anacardium* hoping to relieve the condition described. Amount taken: Monday night one drop of tincture—one-tenth. During Tuesday one drop of 2x dilution every hour. First symptoms appeared during the latter part of Tuesday afternoon.

First symptoms. Almost intolerable itching of the prepuce and between fingers, about anus; swelling of the prepuce.

Later. Severe itching over entire body and extremities. Fine vesicles between fingers, on back of hands and in groins.

Vesicles later appeared on palms of hands and on the palmar surface of fingers.

Vesicles on back of hands and between fingers coalesced, some few becoming pustular; fingers and toes swollen, the fingers so swollen that the hand could be clinched only with difficulty, when clinched forcibly the vesicles became filled with a thin bloody fluid. When hands were bathed with cold water or alcohol and water, or placed in cold water for some few minutes, the eruption would seem to be very much less. The same was true when hands were elevated. In either case when hands were lowered—suspended—or any little object lifted almost instantly the fingers would become swollen, the vesicles distended, seemingly more than before.

The palmar surface of the wrists and forearms presented a very much reddened appearance, being somewhat swollen, inflammation more on wrists than on forearms.

The skin on the groin and inner half of both thighs became very inflamed and somewhat swollen, no general vesiculation but in patches, irregularly rounded in outline, varying in form from that of a ten cent piece to that of a silver dollar, fine vesicles appeared presenting an appearance as if the skin had lightly seared with acid or a hot iron.



The face was but little affected, the lids being slightly swollen, upper more than lower, a small, more or less circumscribed, reddened patch appearing on one, and several similar areas on other parts of the face. The lips at the junction of the mucous membrane with the skin were moist and oozing; roof of the mouth swollen and sore, vesicles on the roof of the mouth.

After the acute symptoms subsided and the vesicles practically disappeared, the skin on the front and inner aspect of the thighs remained a deep red, almost purplish color, for eight or ten days, the color then gradually faded. Desquamation of fine bran-like scales all over body. During the trouble the appetite remained good; I think it was not affected, but there was an *entire absence of thirst*. No perspiration.

For some little time after I was going about again, there was a sensation of weakness in the rectum. The sensation, as near as I can describe it, was as if the rectum was partially loosened from its support, being especially noticeable while urinating. There was also some slight feeling of fullness within the anus.

Dr. Percy also spoke of the similarity between rhus tox. and Anacardium and in cases of poisoning better effects were obtained by the use of Anacardium. He then described the worst case of poisoning that he had ever seen. A young man, who in the fall went gunning, picked up leaves and twigs and chewed them. His mouth felt badly, very uncomfortable, his tongue and lips were most horribly swollen. Anacardium gave remarkable relief and I depended upon it from the beginning until within forty-eight hours, when the symptoms practically disappeared. With Anacardium the cerebral symptoms are most intelligible, and the symptoms relating to the nervous system in both provings read here are wanting. Years ago Anacardium was considered the best indicated remedy for weak memory. No remedy is so sure to produce weak memory and loss of faculty, and in connection with the statement Dr. Thomas has made we should bear in mind that no disease is so correspondingly similar to Anacardium poisoning as dermatitis herpetiformis.

Dr. Sutherland: I would like to add my testimony to the power of Anacardium. In two instances the symptoms produced were not quite as severe as those already mentioned, in neither case had desquamation taken place. In one there was itching, in the other none. There is a marked difference between the work Anacardium will do internally and when applied externally. From the internal use of rhus tox. I never have been injured in any way, no eruption nor itching. I think the drug acts locally. Anacardium is different in this respect, administered internally will produce vesicles.

Dr. Percy: Do you doubt the desquamating property?

Dr. Sutherland: I have seen some pretty severe cases where the scrotum was affected, the result of infection from other parts of the body. I supposed it was by contact.

Dr. Percy: In this case I know it is impossible and there is no doubt of the accuracy, and that makes his statement absolutely reliable.

Dr. Sutherland: I am very susceptible to the drug, but never felt any ill effects when it was taken internally.

Dr. Thomas called attention to a circular sent out in the spring by Dr. George B. Rice (Chairman) and Dr. H. P. Bellows, who represent Massachusetts on a committee appointed by the American Institute to solicit funds for the proving of drugs. New York, Chicago, Philadelphia, Buffalo, Cleveland and Detroit are also represented on this committee. The circular was sent to the members of the Boston Homœopathic Medical Society, Massachusetts Homœopathic Society and the Gynæcological and Surgical Society, in all numbering 400; responses have been received from only fifty-nine. The amount of money received about \$165 to \$170. To make this movement a success it is absolutely necessary to have more money.

Dr. Bellows: In other states the work is being undertaken better than in Massachusetts. We do not want to be in the second rank, and for that reason I think it is very opportune that you have called the attention of the members of this Society to the disappointing response which has been made to

the circular. The movement is heartily endorsed by the American Institute, which will coöperate with the members from other societies, and has donated \$300 from the treasury. Fifty dollars has been received from another source. The money is coming in from various places and from different parts of the country.

Dr. Colby: I hardly see how anything that I can say can add to the importance of what has already been said. The object is the establishment of the proving of drugs upon a scientific basis in various parts of the country, and is only carrying out in detail what our predecessors did, and did with willingness and enthusiasm. We seem to be perfectly willing to rise upon the results of their labors with only the slightest expenditure of time and labor ourselves. This is not fair, I submit, and tends, more than anything else, to the decadence of the Homœopathic scheme founded upon the proving of drugs. The movement is endorsed by the best men of the country, and requires a certain amount of material aid in the way of funds that it may materialize in the manner which will benefit every one of you. It is not only the ones who are interested, who by their names appear in connection with the bureau, who will be benefitted, but every one, if it succeeds, will benefit by it. You cannot expect a few men to do all the work and shoulder all the expense, and Drs. Bellows and Rice have asked different members to contribute and fifty-seven have responded out of four hundred. The circular called for \$2, or whatever amount you can afford to give. Now, I do most heartily beseech you not to let it fall to the ground, it will not fall to the ground, because other states will carry on the work.

A subscription paper, started by Dr. H. E. Spalding, was circulated during the evening and \$82 was secured, for which amount Dr. Bellows, in behalf of the committee, expressed his gratification.

2. "Materia Medica of Today." Dr. Allard made an earnest plea for a higher standard of Materia Medica for the Boston University School of Medicine, stating that to make the school preëminently the school of the future the Materia Med-

ica, our distinctive weapon, must be kept abreast of the times or the school would never be a success.

Dr. A. G. Howard : "I think the best way now is to aid the movement already started. Every member can contribute \$2, and also our patients, who have been benefitted from treatment by Homœopathic remedies, will contribute. I have asked one patient, who responded, and when I go back I intend to ask others. I think my patients will contribute \$5 to \$25 for this movement. I consider that my success as a practitioner is along this line.

3. "The Homœopathic Materia Medica." Dr. Sutherland stated that the three methods of proving drugs are experiments, over-dosing and poison therapeutics. Hahnemann was the first to insist upon a thorough pathogenesis, the first to make direct drug provings, the first scientific student of *Materia Medica* and the first to put it to a practical use. Homœopathy is the therapeutic specialty of our *Materia Medica* and constitutes the difference between it and that of the old school. Though growth appears arrested, it is simply storing up strength for the future.

Dr. F. B. Percy : *Materia Medica* is, perhaps, the most important part of the school to which we belong. It is not only coöperation in money but in work which is necessary to accomplish what Dr. Allard is striving for. It is often said there is a dearth of work in *Materia Medica*, not only in this Society but in other societies. Those who have devoted more time to it than to other things are best able to give a reason for this. The reason, it seems to me, is because each man considers his neighbor better fitted than himself. I look back twenty years and there is neither man nor woman who has contributed a paper on *Materia Medica* of any worth to this Society, nor in the State Society, but papers of lasting credit on other subjects have been presented. The remedy lies with each individual. If you will put some of the time, which you have devoted to other subjects, into the study of one drug and present to this Society the truths which are known in regard to it and the Homœopathic application, which we have

every reason to draw from this study, there will be no claim that there is no truth in the subject nor in this school.

Dr. H. E. Spalding: The evening is pretty far spent, so I will make only a few remarks, although to me it is a very interesting subject. I have felt very deeply, not only since this movement was started to revise our *Materia Medica*, but before, that there are many physicians who are not devoting themselves to this subject. Our *Materia Medica* is said to be imperfect — every science has its imperfections, and there are no more in *Materia Medica* than in other subjects. It is claimed that there are such a multiplicity of symptoms that some are trivial. In *sepia*, for example, among the symptoms given are red eyelids, suppurating eyelids, inability to raise the lids at night, some might say it was because the lids were paralyzed, so we will cut that out. If the first symptom had not been given I should have lost a beautiful one of epilepsy. It is difficult to distinguish what are trivial and what are real. Take them as they are until they can be sorted out. Of course the progress we made in years past was obtained before we were able to have such scientific provings and it is the work of the committee to make them such, that is what the committee is doing now. There is one sure thing, drugs are not studied by students or physicians as they should be. It troubles me, because they are taking the mixtures, the combined drugs, they are taking a little of this, a little of that, anything that is advertised. They all try it. Instead of sticking to Homœopathic *Materia Medica*, they are trying to find something outside. Commercial medicines have been spoken of tonight and not too strongly. Many Homœopathic pharmacies are sending out agents. One called on me and showed me what good tinctures he had. A large portion of the things he showed me were combined. I was sorry to see an agent from a Homœopathic pharmacy with such an outfit. The teaching in our school is not what it should be. We must have diagnosis and pathology. They are just as important as symptoms, in fact, you cannot make up your diagnosis without symptoms. Because we study symptoms, it does not

prove we are not diagnosticians, for we are, and pathologists as well.

Adjourned at 10.10 o'clock.

EDWARD E. ALLEN, *Secretary*.

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### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

A special meeting of the Society was held in the Boston University School of Medicine, Nov. 21, 1901, at 8 o'clock, the President, T. Morris Strong, M.D., in the chair.

No business transacted.

#### SCIENTIFIC SESSION.

Dr. S. C. Fuller exhibited photomicrographs of pathological specimens.

#### REPORT OF THE MEDICO-LEGAL SECTION.

*George S. Adams, M.D., Chairman; Amelia Burroughs, M.D., Secretary; S. C. Fuller, M.D., Treasurer.*

The President appointed the following committee to nominate sectional officers for the ensuing year : Drs. D. W. Wells, W. O. Mann and J. A. Rockwell, Jr. The committee reported as follows : Chairman, N. Emmons Paine, M.D.; Secretary, O. B. Sanders, M.D.; Treasurer, Grace E. Cross, M.D., who were duly elected.

#### PROGRAMME.

1. "Some Recent Court Decisions Affecting the Status of Physicians." G. E. Wire, M.D.

Discussion opened by F. C. Richardson, M.D.

2. "The Physician, the Law and Life Insurance." Charles T. Tatman, Esq.

Discussion opened by F. E. Allard, M.D.

1. "Some recent Court Decisions Affecting the Status of Physicians." Dr. Wire's paper was an interesting account of legal decisions in medical cases involving questions of con-

tract, fee and malpractice, obtained by personal investigation of fifty-five decisions, from which he had selected the principal ones for presentation. He stated that the four years' course in a medical school exceeded that required by a law school, and yet the physician is required to get a license and is surrounded, as it were, by restrictions for the protection of humanity.

Dr. Richardson was not present to open the discussion.

Dr. J. Miller Hinson : If you are attending a case but wish to discontinue, is there any limit as to the time ? Is it necessary to wait until some one else has been obtained, or is a notice that you intend doing so, sufficient?

Dr. Wire : If you gave them reasonable time to procure some one, I think it would be all right.

Dr. A. E. P. Rockwell : We are all, I was anyway when I began practice, very much afraid that some one may sue us, and I did not believe it was possible to practice medicine and experience that peace of mind that passeth all understanding, but since I was insured I sleep every night. The New York Fidelity and the Maryland Casualty Companies are the largest two. A \$10 policy in either of these companies will protect you to the extent of \$5,000. If some one undertakes to sue you, they fight the case and pay the bills, if any have to be paid, and sometimes they fight the case when it is an object to under contract. This saves you some worry.

Dr. Gay referred to a case of dislocation of the shoulder. The husband could not appear at the trial and his deposition had been taken. The daughter appeared and insisted that the mother's shoulder was black and blue immediately after dislocation, and I was surprised to see the number of physicians called on both sides who could not tell when the bruise should appear; the bruise was proof that it did not take place for some days after and the woman was proved to have made a false statement. The case was settled by compromise. I do not know that the average time for a bruise to appear would be twenty-four hours.

2. "The Physician, the Law, and Life Insurance." Mr. Tatman emphasized the importance of care on the part of the physician in filling in the application blank of an insurance company and that his negligence in this respect might cause much trouble or do great injustice. Also the importance of having the applicant understand the questions and the manner in which they are answered, remembering the law on this point, that if the condition of the subject has been misrepresented, wilfully or carelessly, the risk is increased and the policy defeated.

Dr. Allard: I hardly see how I can add anything to the most excellent paper which has been presented by the speaker. I presume I was asked to discuss the paper, because I was supposed to have some practical knowledge of life insurance.

The essayist has very ably set forth the essence of life insurance from the legal standpoint, a subject of which the majority of physicians appear to have but little knowledge. A contract for life insurance is a document which means much to the person insured, as well as to the company, therefore, it is of the utmost importance that it is carefully and conscientiously drawn, as false statements may jeopardize the rights of the beneficiary after death of the insured. Life insurance is based on life expectancy as shown by the tables, but the question of placing the risk rests largely on the judgment and skill of the examining physician, and such judgment should be based not only on the physical condition of the applicant, but on the social and moral as well.

During the past few years the use of intoxicants in relation to life insurance has received considerable attention, and some companies have made a class of teetotalers, with a view to determine to what extent moderate drinking affects the longevity of the insured.

The insurance industry has rapidly developed during the last two decades, and today it covers every conceivable loss that may befall mankind, and it is the dream of the future that it may become of national interest in the prevention of pauperism, every person being compelled by law to carry a policy



on his or her life for a certain number of years to guard against dependency from misfortune or old age. It has often occurred to me that this is a subject in which the physician should inform and interest himself. There is here not only a large source of income but a vast field of clinical knowledge. A physician who is strictly honest, careful and conscientious in the performance of his duty as a medical examiner is the one whom all companies are seeking.

Life insurance is a subject which should be included in the curriculum of every medical school.

Dr. Adams: As to industrial insurance. A patient is admitted to the hospital at a certain age, which may or may not be correct. A visitor is at the hospital as soon as death occurs to get the certificate filled out. We make out the certificate in accordance with the given age, and the friends wish us to make it ten years older, saying the patient did not know what he was talking about.

Mr. Tatman: One point Dr. Wire has referred to, the lack of protection in matter of fees. If the expenses of last sickness were made a claim on the estate of the deceased person, a physician might be tempted to make every sickness a last sickness.

A unanimous vote was passed thanking Dr. Wire and Mr. Tatman for their interesting papers and their kindness in addressing the Society.

Adjourned at 9.35 o'clock.

EDWARD E. ALLEN, *Secretary*.

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## BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

### BUSINESS SESSION.

The regular meeting of the Society was held at the Boston University School of Medicine, Thursday evening, December 5, 1901, at 8 o'clock, the President, T. Morris Strong, M.D., in the chair.

The records of meetings held November 7, and 21, were read and accepted.

The following physicians were proposed for membership: Robert F. Souther, C. E. Rice, E. P. Ruggles, and Eliza T. Ransom, all of Boston.

The President appointed Edward H. Wiswall, M.D., of Wellesley, Chairman of the Medico-Legal Section in place of N. Emmons Paine, M.D., who declined to serve.

The President also appointed the following committee to nominate officers of the Society for the ensuing year: Drs. John L. Coffin, George B. Rice and S. S. Windsor.

Dr. F. W. Halsey presented the following resolutions at the request of Dr. J. F. Sutherland.

RESOLVED: That the Boston Homœopathic Medical Society appreciates the value of, and commends the earnest efforts being made, by the Board of Health of the City of Boston, to stamp out the epidemic of smallpox now present in the city and environs.

Inasmuch as the manufacture and distribution of vaccine virus is at present simply a commercial enterprise, and

Inasmuch as the production and use of uncontaminated and reliable bovine virus is an essential to the safety of the public health, therefore,

RESOLVED: That any effort of the Board of Health to have the Legislature place the production of vaccine virus under State control will have the support of this Society.

REPORT OF THE SECTION OF OPHTHALMOLOGY, OTOTOLOGY AND  
LARYNGOLOGY.

*Eliza B. Cahill, M.D., Chairman; G. A. Suffa, M.D., Secretary; Emma J. Peasley, M.D., Treasurer.*

The President appointed the following committee to nominate sectional officers for the ensuing year: Drs. F. E. Allard, H. O. Spalding, and J. S. Shaw. The committee reported as follows: Chairman, Frederick W. Colburn, M.D.; Secretary, A. W. Horr, M.D.; Treasurer, Emma J. Peasley, M.D.; who were duly elected.

## PROGRAMME.

1. "Specialism in Medicine." Emma J. Peasley, M.D.  
Discussion opened by J. W. Hayward, M.D., George H. Earl, M.D., and H. P. Bellows, M.D.
2. "The Persistence of Diphtheritic Bacilli in Chronic Discharges from the Middle Ear After their Disappearance from the Throat." H. P. Bellows, M.D.  
Discussion opened by T. M. Strong, M.D.
3. "The Significance of Some Eye Symptoms in General Diseases." G. H. Talbot, M.D.  
Discussion opened by J. M. Hinson, M.D., and Frank C. Richardson, M.D.
4. "Coughs and their Varied Causes." Geo. B. Rice, M.D.

In the absence of the Chairman, Eliza B. Cahill, M.D., Dr. G. A. Suffa, Secretary, had charge of the Section.

1. "Specialism in Medicine." Dr. Peasley stated that a specialist is expected not only to understand the structure and functions of the different organs of the body but also to be a specialist, and that to succeed he must believe fully in his chosen profession.

Dr. J. W. Hayward: I believe most thoroughly in the specialist for a good many reasons. In the first place the field is big. The field of medicine alone is too vast for any one man to comprehend. The field of surgery is equally large. No mind is sufficient to compass either. Again, there may be men, there are men, sufficiently versatile to do everything well, but even those men can do some things better than others, there is some one thing that they can do better than any other thing. It takes a little time, perhaps, to find that out, because none of us know our latent power and taste, until something has occurred to develop them. We must, then, in order to develop our latent power, do something to bring it out; nothing in the world is quite equal to general practice to develop it. Every person starts out with the idea that he wants to do something. Every person has a certain taste. There are certain things that are distasteful, yet when the

nauseating thing has been tasted a few times, it is delicious, and the very thing that is wanted all the time. It is the same in selecting our vocations. We see a person do something, and we think we have a taste for it, but we find we have not. We are called to things we do not like, but finally like them. If we have a talent, we ought to cultivate it. A man needs to develop his own strength by general practice, when he has had that and knows his strength, he should select his specialty. The man, who can do all things well and thoroughly in general practice, is ready to become a specialist. A man, who has not the ability to prescribe well, may diagnose well, let him be a diagnostician; another can prescribe well, but not diagnose, let him prescribe. If he has a fund of cruelty in his nature, he makes a good surgeon. There is every reason that we should become specialists or not specialists, the people demand it. The field is so vast, that none of us can become perfect in everything. Some are versatile enough to keep around the edges and know when they do not know; when they want help, they can call for the specialist. By digging, and delving, and working in some particular line, he who has developed in that same line the greatest strength, the greatest power and the greatest success, let him become a specialist.

I am entirely in sympathy with the essayist, as I believe most thoroughly in specialists, and I believe that a specialist should first have general practice. If you start out as a specialist and fit yourself for a specialist, everything centres around that and everything comes back to that, which is the thing you want to avoid.

Dr. Earl: When Dr. Peasley asked me to discuss "Specialism in Medicine," I said, "yes," thinking I could find a great deal to say about it, but when I came to think it over I found I was mistaken. I have done much thinking, but have little to say. It is a sort of axiom that Dr. Hayward has expressed. When I was a student, I thought a few years of general practice were absolutely essential for special work. I agree most thoroughly with Dr. Hayward's idea that general practice is profitable, but it is not essential. Some one has said that it

was necessary to have some knowledge of the whole in order to become proficient in a part. Most every physician has had the specialty bee at some time. If one is well off, it is a good plan to take three or five years preparing for the work of a specialist and omit general practice, but there are also some disadvantages connected with this method. The general practitioner decides upon some specialty and he takes time away to prepare and then announces himself as a specialist. If he gives general practice up absolutely, he finds suddenly a desire to take a case, some family wants him to, and the temptation to take it is too much for him and it destroys the confidence of his fellow practitioners in him as a specialist. The out and out specialist finds it pretty slow work building in his special line. Personally, if you will excuse the allusion, I would not be willing to give up the eight or ten years of preparation for special work I had, for a good deal. I believe that it develops one by training, and a physician on his own resources is obliged to depend upon himself; it gives him that general intelligence of the whole which must always be of the greatest assistance to him in any special line he may take up, and affords him an opportunity to decide what he really has a taste for, is adapted for, and gives him thorough preparation for special work.

Dr. Bellows: The paper which opened the discussion is an interesting one, going to the heart of things. We live here in Boston, said by some to be the "Hub." It is the centre for everything in New England. In this centre there are a good many specialists. The specialist is confined to cities; the larger the city the more apparent this is, but in the country the family doctor reigns supreme and always will. We must not overrate the specialist. The importance of general practice as a foundation, I believe in myself heartily. In my own case, the twelve or fourteen years of general practice I have had, has been worth everything to me as a foundation. I recommend young men to ground themselves in general work, it ought to be six or eight years, to be supplemented, in some degree, by a hospital course. Specialism is inevitably a law

of individual growth. A man in general practice thinks himself interested in a certain class of cases, and cures one or two which have been thought incurable. Other persons come to him from a distance and he is successful in curing them, and in this way his mind is attracted to that class. If he responds, devoting much time to the literature of the subject, general practice becomes distasteful to him, and first thing he knows he is a specialist and it becomes the law of his nature. It is said that it should be one of the functions of the general practitioner to choose the specialist to whom his patients should go. In point of fact, a man who needs treatment by a specialist is afraid to go to his doctor. Another man thinks a good doctor would think he had lost confidence in him if he said anything to him about seeing a specialist. The family physician should be consulted first, and he should send the patient to a specialist, who can talk to him and tell him to go back to the family physician when the proper time comes, and report to him in three or four months.

Dr. Rice: There is need of a better understanding between the specialist and the family physician. We have the subject divided up so that we can reach but few in general practice. The only meetings which bring out a large number of general practitioners are *Materia Medica*, Surgery and Pathology. If we divided up our meetings better, we could know each other better; the general practitioner and the specialist would be brought together and to a better knowledge of the objects and work of each physician. We are all working for the same result.

Dr. Klein: I think there is often a mistake in starting in as a specialist too late. Some, who have toiled in general practice, are exhausted, and think of specialism after twenty or twenty-five years of general practice, but they will not get the confidence of the people. A few years of general practice are very good, but a physician must make up his mind soon. If he takes it up late in life, it is a mistake and he loses his practice. Every specialist must be trained in his specialty. A specialty should be taken up while there is vitality in the man, if he does not, it is a serious blunder.

2. "Persistence of Diphtheritic Bacilli in Chronic Discharges from the Middle Ear After their Disappearance from the Throat."

Dr. Strong: These cases do occur with comparative frequency. There has appeared recently in the issues of "American Medicine" for November 9 and 16, a very interesting study of the Bacteriology of Otitis Media, with a laboratory study of seventy-six cases. In these cases the bacillus diphtheriæ was usually found associated with other organisms, as also with a form called pseudodiphtheritic, believed to be a modified form of the true bacillus.

In a study of two hundred and twenty fatal cases by Dr. Councilman and assistants, in which the bacteriological findings of 68 cases are recorded, in only three were there found a pure culture of the bacillus. These bacteria go almost everywhere, having been found in the lymphatic spaces of the semi-circular canals, aqueduct of the vestibule, and in the aspirated fluid of empyema, while the membrane itself has been found in the labyrinth and antrum.

We have evidently something to learn of the habits of the bacillus diphtheriæ, for it has been found in the otitis of typhoid fever, with other organisms, although no bacilli were to be found in the throat.

It is the custom at the South Department of the City Hospital to carefully examine all cases of aural suppuration and not to give a discharge until there have been two negative reports. A positive has been known to follow later, even after such reports. The danger has not been definitely determined, but they do not feel safe to discharge otherwise. They have not seen any membrane formed in the ear from the simple presence of the bacillus.

The conclusions arrived at by the author of the above mentioned study of cases are the following, among others: "The diphtheria bacillus is more frequently present in otorrhœa than is generally believed. It may be (a) the initial infecting agent, (b) it may enter with the streptococcus or pneumococcus, or (c) it may be a secondary infection carried to

the already infected ear by the fingers of the patient or otherwise. It is reasonable to believe, as my observations show, that it persists for a varying period of time in the discharges, and may constitute a centre of danger just as has been established concerning its prolonged residence in the nasal cavities, pharynx, etc. Its frequent association with bacillus pseudodiphtheriæ has here the same significance as elsewhere, a factor not as yet fully determined."

The lesson to be learned then is that if there is a discharge from the ear, acute or chronic, in cases of diphtheria, that such discharges should be examined bacteriologically, at least at the time when you expect negative reports from the throat. Previous to that time it may not be so important as the local treatment would be practically the same in any case. Again that in the presence of such reports the patient should remain isolated, until we have more positive knowledge of these conditions than exists at present.

Dr. Klein: I have read that in a good many examinations of discharges in chronic ear cases bacilli have been found. This is also true of the throat in perfectly healthy persons. You will often find bacilli in the discharge from the nose and throat. I remember quite a number of cases of discharge from the ear, where the bacilli were found. A child had been sent home from school by the teacher, with a sore throat, and the physician, who attended the school, examined the throat and reported no bacilli, but the report from the Board of Health showed bacilli. The case came under my observation and I sent reports to the Board of Health for seven weeks, which were declared positive every time. A member of the Board of Health wanted them to repair the plumbing. I told them a plumber would not come while the sign was there and it was soon removed. It is sometimes carried too far, but when specialists in hospitals make reports, after careful examinations, certainly their statements are of value.

3. "The Significance of Some Eye Symptoms in General Diseases." In the absence of Dr. Talbot his paper was read by Dr. D. W. Wells.



Dr. Hinson : While we all appreciate the value of certain subjective, and the many external objective, symptoms noted in the doctor's paper, those only who are familiar with the ophthalmoscope and its use can appreciate the handicap of those who have not a working knowledge of this instrument. There are numerous diseases the first indications of which may be within the eye. I shall merely refer to one, as the doctor has mentioned it in his paper, namely, locomotor ataxia or tabes dorsalis. In tabes dorsalis ophtatrophie occurs in about twenty per cent. When it does occur it is *more* frequently an *early* than *late* symptom. One case, reported by Gower, had complete atrophy and blindness for twenty years before ataxic symptoms showed themselves. Charcot believes that almost all cases of so-called simple atrophy ultimately present spinal symptoms.

In regard to the Argyle-Robertson pupil. This is a condition, or symptom, which will permit of frequent reference and emphasis. As the doctor has stated, it is that condition in an eye, with good or fairly good vision, in which the pupil *fails* to contract when light is reflected into the eye, but contracts on convergence. We should bear in mind, further, that the *probable* state of the pupil, in an eye in which the Argyle-Robertson symptom may be demonstrated, is that of myosis, or contracted pupil, even to the extent known as "pin-point pupil." The pupil is frequently slightly oval, long axis vertical. In looking over the subject I draw the conclusion that the various writers consider the Argyle-Robertson pupil as always indicative of some degenerative changes in the nervous system, tabes, multiple sclerosis, or general paralysis of the insane. One writer states that he has met the Argyle-Robertson pupil in only one case unassociated with other symptoms of nervous derangement. Gower, in speaking of syphilis, says : "I have notes of only twenty-two cases in which this symptom existed apart from other degenerative affections of the nervous system, but I believe that it is much less rare than this number might suggest." It is seldom looked for unless other symptoms suggest degenerative disease.

As to the contraction of the dilated pupil of glaucoma on convergence, I must confess ignorance so far as personal observation goes. My practice has been to test the reaction from light only.

I wish to emphasize the symptom known as myotonia in differentiating between multiple sclerosis and locomotor ataxia. There is considerable stress placed upon this symptom by different writers. In multiple sclerosis there may be a constant oscillatory motion of the eyes, or *true myotonia*. In tabes dorsalis as long as the eyes are at rest there is no oscillation or twitching, but as soon as an object is carefully looked at and especially if followed when in motion, and more particularly at the end of motion, a twitching of the eyeballs is seen.

I am very skeptical in regard to the statements that foreign bodies in the external auditory canal cause spasm of the eyelids, and that chronic catarrh of the middle ear affects the acuity of vision.

There is a class of cases which I think worthy of mention in a paper such as Dr. Talbot has presented, namely, toxic amblyopias and amauroses, or partial and complete loss of vision from systemic poisoning. Among the many agents producing partial or complete loss of vision are alcohol, tobacco, Jamaica ginger, essence of peppermint, iodoform, lead, arsenic, mercury, nitrate of silver, phosphorus, coal tar products, opium, chloral, coffee, tea, quinine, etc. Among the transient cases are those of digestive disturbance from animal poisons, shellfish and like substances. The cases most frequently met with are those of combined tobacco and alcohol poisoning. In these cases the prognosis is comparatively favorable, if the use of tobacco and alcohol can be discontinued. In quinine amaurosis the prognosis is extremely unfavorable. I recall a case which occurred six years ago, which I saw in consultation with Dr. Allard. Patient, female, aged 40, took 160 grains in divided dose, thinking she had morphia. Quinine was taken at 4 p. m.; at 10 p. m. she was almost totally blind. In two weeks she had recovered sufficiently to get

around comfortably. After this time we lost track of the case and I have no reliable information as to final outcome. A very simple and usually sufficient test for tobacco amblyopia is to test the central vision for *red*. Tobacco amblyopes will describe it as *brown*.

4. "Coughs and Their Varied Causes." Dr. Rice emphasized the importance of making a thorough examination of all structures before administering drugs.

Owing to the lateness of the hour this paper was not discussed.

Dr. Strong: I regret that more general practitioners have not heard this paper, which was of special importance to them.

Adjourned at 10 o'clock.

EDWARD E. ALLEN, *Secretary*.

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## BOOKS AND READING.

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Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked NEW ENGLAND MEDICAL GAZETTE, and sent to the publishers, Otis Clapp & Son, 10 Park Square, Boston.

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THE HOMŒOPATHIC PHARMACOPEIA OF THE UNITED STATES. Published under the Direction of the Committee on Pharmacopeia of the American Institute of Homœopathy. Second edition. Boston: Otis Clapp & Son, Agents. 1901. pp. 674. Price, cloth, \$3.25 *net*; half morocco, \$4.00 *net*; delivery in United States 25 cents additional.

The United States, as well as England, France, and Germany, now has an authoritative and standard homœopathic pharmacopeia. This can not fail to be a source of deep gratification to the physicians and pharmacists of our school. Originally published under the title of the "Pharmacopeia of the American Institute of Homœopathy," the second edition bears a heading which rightly belongs to it, and which will, we believe, greatly extend the field of usefulness of this valuable work. While the Pharmacopeia as a whole remains in its original form, such corrections and amendments have been made as were found necessary to perfect it.

The American Institute of Homœopathy is the representative organization of the homœopathic profession in the United States, and the uses of the work, whose publication the Institute has authorized, will secure to the physician absolute uniformity in strength and composition of the remedies upon which he relies. The taking of the dry crude drug as the unit from which to estimate strength, eliminates the possibility of variations which existed when the tincture was made the unit. Liquid attenuations and triturations now agree in fact, as well as in figures; the second decimal of the former, for instance, representing the same potency as the second decimal of the latter. This is as it should be, for there can be no such thing as too much uniformity and exactness in the preparation of homœopathic remedies. A pharmacopeia is, or ought to be, a scientific work.

There are many other noteworthy points in regard to this work which commend it to pharmacist and physician alike. It will be a valuable aid to the latter, and a necessity to the former. It should be adopted as a text book in our medical schools, and indeed has been in many of our leading colleges. The price is reasonable, and the appearance of the volume most attractive.

**THE PRINCIPLES AND PRACTICE OF MEDICINE.** By William Osler, M.D., Fellow of the Royal Society, Professor of Medicine in the Johns Hopkins University, etc. Fourth edition. New York: D. Appleton & Co. 1901. pp. 1182. Price, cloth, \$5.50.

In this standard work by Dr. Osler, student and practitioner alike, find a thoroughly reliable guide to the theory and practice of medicine. It is not one of the books which are periodically put forth with many striking plates and just enough text to furnish a running commentary. In Osler's Practice all is good, solid subject matter arranged with great system, and really carefully revised in this fourth edition, so that 1901 on the title page stands for a corresponding advance elsewhere.

The articles on typhoid fever, dysentery, yellow fever and the plague have been rewritten; in considering malaria, new matter has been added, and new points on the diagnosis and treatment of small-pox, cerebro-spinal fever, rheumatic fever, and other of the acute infections. Practically new articles, either wholly or partially, are those on acute tuberculosis, diseases of the pancreas, splenic anemia, arsenical poisoning, herpes zoster, adiposis dolorosa, fibrinous bron-

chitis, oxaluria, Menière's disease, aphasia, combined sclerosis of the cord, myasthenia gravis, congenital aneurism, surgical treatment of aneurism and scurvy. Among other additions may be noted, under diabetes and gout, the incorporation of the results of Dr. Osler's clinical experience for the past twelve years.

An improvement, not of vital importance, perhaps, but one which would add much to the appearance of the text would be the abandonment of the antiquated and frequently recurring *æ* in such words as anemia, hematuria, leukemia, hemorrhage, etc. We urge that future editions may be bound with a sufficient width of back margin to prevent encroachment on the printed page. It is an annoying and unnecessary defect.

#### LIPPINCOTT'S MAGAZINE.

Lippincott's Magazine published by the well known firm of J. B. Lippincott & Co. of Philadelphia is to excel, during the coming year, even its past triumphs. Many new authors will contribute to its pages; every number will contain a complete novel by a leading writer; articles upon timely topics will appear frequently; wit and wisdom will entertain and instruct both new and old subscribers. Bright, well written short stories, and meritorious verse, are among the attractive features of this long established and popular magazine. The subscription price is but \$2.50 a year.

#### THE SCIENTIFIC AMERICAN.

We wish to call our reader's attention to this valuable and interesting weekly journal. Established in 1845 it has progressively become better known and esteemed at home and abroad. It furnishes the latest intelligence of scientific inventions, discoveries and achievements. It gives detailed and illustrated accounts of the most important of these, and editorially explains their value.

The issue for December fourteenth is devoted to the United States Navy, and is fully illustrated. A list and brief description of patented inventions appears every week. The subscription price is \$3 a year; ten cents a copy. Readers should address Messrs. Munn & Co., 361 Broadway, New York.

## PERSONAL AND GENERAL ITEMS.

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DR. H. C. CHENEY has removed from Newburyport to Palmer, Mass., where he is associated with Dr. Wilkins.

DR. FRANK A. DAVIS has removed from 4 Marlborough street to 815 Boylston street, Boston. He will be at his office until 9.30 a. m., from 2.30 to 4 p. m., and from 6.30 to 7.30. Telephone, 1977-4 Back Bay.

DR. JAMES KRAUSS has returned from renewed study in Berlin and Paris, and has removed his office to Warren Chambers, 419 Boylston street, Boston, where he will devote his entire attention to his specialty, genito-urinary surgery and venereal diseases. In this connection he practises diagnostic and operative cystoscopy and urethroscopy.

DR. GIVENS' SANITARIUM (Stamford Hall at Stamford, Conn.), is devoted to the special care and treatment of mild mental diseases, neuroses, general invalidism, and has a separate department for patients addicted to the use of drugs and stimulants. It is open all the year; is arranged on the cottage plan and located on a hill overlooking the city of Stamford and Long Island Sound, and its comfortable, homelike surroundings, combined with the individual treatment each patient requires makes it in every way desirable. The sanitarium is fifty minutes from New York, on the New York, New Haven and Hartford Railroad.

OSTEOPATHY IN ALABAMA.—Judge Samuel E. Greene of the Criminal Court has ruled that osteopathy is the practice of medicine, and any person engaged in the same in Alabama can be forced to procure a license for practising medicine. This decision was made on the fourteenth of December.

PLAGUE IN SAN FRANCISCO.—State Health Officer Taber has reported to the Governor that there were six cases of bubonic plague in San Francisco during September and four deaths; three cases and three deaths in October, and one case and one death in November.

# THE NEW ENGLAND MEDICAL GAZETTE

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No. 2.

FEBRUARY, 1902.

VOL. XXXVII.

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## ORIGINAL COMMUNICATIONS.

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### THE PREVENTION OF PELVIC DISORDERS.

BY HELEN S. CHILDS, M.D.

[ Read before the Massachusetts Homœopathic Medical Society, Oct. 9, 1901.]

Prevention of disease in any or all departments of medicine is the aim of the physician of today ; and not only physicians, but the laity as well, are being educated to see more and more the importance of exercising care both in public and private to prevent contagion. But while statistics are showing a marked decrease in the number of cases of consumption and kindred diseases, what can be said in regard to pelvic disorders ?

Our dispensaries and hospitals are filled with cases of this character. Many of these patients, by a little care in the past, might have been spared their present condition. Surgery has achieved many brilliant victories in the cure of pelvic troubles, but is not prevention better than cure ?

The wives and mothers of the future should begin their preventive treatment at or before the age of puberty, and much responsibility rests with the family physician, who neglects his or her duty in this most important respect. Upwards of 5,000 cases of women's diseases were treated in the dispensary during last year, and in making a careful survey,

we find uterine displacements the most frequent cause. There must be some reason for this condition. Our girls as they are changing from childhood to maidenhood, and the menstrual function is being established, frequently enter upon that stage in absolute ignorance of what nature expects or demands of them. The mode of living, in many instances, has not prepared the girl to enter upon active menstrual life in a healthy manner. School, dress, games, exercise, diet, all bear a part in cause and effect. Many childish games if wisely enjoyed would be of benefit the same, without proper guidance, become injurious. Take, for instance, the skipping rope. The active exercise of arms and chest is excellent, but when a young girl tries how many times she can jump on a brick pavement without rest, she gains no benefit, but is storing up trouble for the future.

I have a case in mind in which double inguinal hernia followed that pastime, and as I have followed the case in the girl who became a wife and mother, a retroverted uterus has been found to be the cause of painful menstruation; while the weakened uterine ligaments failing to properly support the pregnant uterus, were a cause of distress and a menace during the entire period of gestation.

The present school system, with seats and desks in many cases out of proportion to the size of the pupil, compelling cramped positions from which we find lateral curvatures developing, with consequent deformity of hip and shoulder causing tilting of the pelvis, is altogether irrational. So, also, is the gymnasium in which all pupils, without a certificate from a physician, are expected to take the same exercises with equal advantage. The girls are excused from active work during menstruation, but is not a day or two previous to the flow quite as important as at the actual time? There must be less congestion and weight after the flow is established than during the days preceding. Anemic girls cannot take the prescribed course of gymnasium work without positive injury. They need exercise, but of a different character,



and in the open air, where our gymnasia belong. Fifteen minutes in the open air would do more good than can be possibly be gained under the present arrangement, viz., three-quarters of an hour, twice a week and always indoors, inhaling the dust of ages. Why not employ the recess hour in some form of physical exercise with suitable apparatus, having the public playground in the school yard, with skilled instructors, thereby establishing healthy circulation, diverting the blood from the tired brain to other parts of the body?

I do not believe that excessive study, so much as faulty relaxation, is the cause of so many high school girls breaking down before the course is completed. If there is a place on earth where the thoughtful woman physician belongs, it is in charge of girls' schools. Let them see that the pupils' shoes are stout and large enough; regulate their games; prevent them from sitting five hours in damp clothing; advise as to the matter of plain, nourishing food, and time in which to eat it; counsel daily bathing, etc., and a start will be made in the line of prevention.

The women we are called upon to treat for pelvic disorders are largely among the so-called middle or higher class. Very few, comparatively, come from the lower class. The women who have large families, doing their work up to the hour of labor, and many times attending to their washing afterwards, are not, as a rule, the women who are troubled with uterine displacements. May not the idea that a woman must keep the recumbent position for two or three weeks following labor, be a cause for this? The heavy uterus can better recover, and regain its normal position, by securing free drainage, which can better be obtained by assuming the upright position at suitable intervals. Perhaps the present custom may be responsible for so many congestions and displacements following labor.

Women living sedentary lives, eating irregularly and unwisely, with consequent evils, are inclined to attribute all disturbance to the uterus. Let us divert their attention from

the pelvic organs ; give them some healthy work, and recreation in the open air. Send your pelvic patients to the swimming pools, instead of sewing societies ; prescribe horseback riding in the proper position, not with body twisted, trying to sit erect with the shoulders in one line and hips in another, but astride, where even support can be given the pelvis by feet and knees, thus securing good action of the bowels, and in this way relieving pelvic congestion.

Over heated houses, impacted bowels, improper elimination and often, too often, too much local treatment, may be the cause of so many pelvic disorders.

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## THE SIGNIFICANCE OF SOME EYE SYMPTOMS IN GENERAL DISEASES.

BY G. H. TALBOT, M.D.

[ Read before the Boston Homœopathic Medical Society, Dec. 5, 1901.]

Eye symptoms often possess an important significance in relation to the diagnosis of other, and perhaps remote organs. Of the various parts affected, and presenting at some time or other some eye symptoms, the nervous system is perhaps the most general. Rarely are the eyes the starting point of a nervous disease, but frequently diseases of the nervous system, especially of the central organs, are the cause of certain eye disorders. They may be functional or organic. The functional disturbances are often important local symptoms, and are essential in the diagnosis of some brain diseases. The anatomical connection between the eye and brain is very close, and is affected by means of nerves, blood vessels, and lymphatics, and in addition, the cerebral meninges pass directly into the sheath of the optic nerve, and indirectly into the coverings of the eye. The sympathetic nervous system, likewise, is an important part in this mutual relation. Its most important function in connection with the matter under considera-

tion in this paper, is its influence in regulating the expansion and contraction of the pupils. Failure of the pupils to contract, when not due to local causes, results from some interference in the motor tract. Where there is an absence of reaction to light, with good vision and other good pupillary movements, we have the Argyll Robertson pupil, which is an important early symptom of locomotor ataxia or multiple sclerosis. Normally, the pupil dilates under nervous excitement, fear, surprise, anemia, or other causes of nervous instability. Failure of the pupil to contract with convergence, or great sluggishness of contraction, indicates some fault in the motor apparatus. Dilatation of a pupil and sluggish reaction with convergence occurs in glaucoma, and a dilated pupil in an elderly person is suggestive of this disease. Persistent contraction of a pupil may be due to narcotic poisoning or to cerebral irritation, as from an inflammatory disease of the brain and its membranes, or from the congestion that attends cerebral apoplexy, or the early stages of acute fevers. Persistent dilatation of a pupil, aside from local causes, may be caused by irritation of the upper portion of the spinal cord, as in the early stages of organic diseases.

Intracranial diseases cause abnormalities of the pupils, spasms of the ocular muscles, or limitation of the field of vision, and while these symptoms give no positive information as to the nature of the morbid process causing them, from a close relationship between the eye and the brain, they often suffer from a common cause, and the concomitant eye symptoms may suggest, with great probability, the nature of the morbid cerebral process.

In abscess of the brain, impairment of the sight is often considerable, varying from losses in the field of vision and color disturbance, to complete blindness. When the abscess is near the base of the brain, edema of the lids, protrusion of the eye-ball, pain, and photophobia may appear even before the perforation, as in purulent meningitis.

In the various forms of meningitis, the eye is extensively

involved. During diffuse cerebral irritation, the eye participates in the general hyperæsthesia, by great photophobia. When there is increased intracranial pressure, the pupils generally are dilated and react sluggishly. If there is a disturbance of the function of the visual cortex we may have double blindness, in which the reaction of the pupils to light may remain intact. Strabismus may also appear. In purulent meningitis the inflammation not infrequently extends through the superior orbital fissure to one or both orbits. We then have edema of the conjunctiva. Sometimes infiltration and suppuration of the orbit sets in with protrusion of the eye, edema of the lids, etc. The edema exhibits one characteristic of orbital suppuration. It ends abruptly at the bony rim of the orbit.

In multiple sclerosis, the eye is often affected, and may exhibit symptoms characteristic of the disease. These consist of tremor when fixing an object, nystagmus, and peculiar slowness of speech. True nystagmus is extremely rare in other diseases of the brain.

In tabes dorsalis, the eye symptoms are of extreme importance, and are frequently the first symptoms of the impending disease. An impairment of the visual field, due to optic atrophy, occurs in many cases. A paralysis of one or more ocular muscles may occur, the loss of the light reflex, Argyll Robertson pupil. Epiphora is a frequent symptom due to relaxation of the lids, or sometimes to a hypersecretion. Diseases of the trifacial nerve may be accompanied by a neuro-pathic keratitis, or it may cause herpes zoster ophthalmicus, a peripheral neuritis of the ophthalmic branch of the fifth nerve.

Mind blindness, or inability to receive a mental impression from an object; word blindness, or inability to recognize written or printed words; letter blindness, or inability to name letters, although words are understood, are conditions of important significance liable to be confused with impaired vision.

In anemia, if acute from hemorrhages, the patient may become suddenly blind. Diabetes causes cataracts. We may

also have incomplete palsies of the ocular muscles and the accommodation may be paralyzed. Diabetics are sometimes subject to great and sudden changes in the refraction of the eyes, closely connected with changes in the amount of sugar in the urine.

In rheumatism, iritis and cyclitis may occur. A mild cyclitis probably more often than iritis, accompanies attacks of acute rheumatism. Ocular palsies arise from rheumatic diseases of the nerve trunks. Chronic rheumatic inflammation may affect the white fibrous tissue of the eye, as in scleritis, or episcleritis.

Tuberculosis of the eye is rare, although cases of localized tuberculosis of the conjunctiva have been reported where the handkerchief has carried the bacillus to the eye. Persons who have suffered from malaria are liable to chronic keratitis, and malarial neuralgias often involve the ophthalmic branch of the trifacial nerve. Diphtheria may attack the conjunctiva, causing diphtheritic conjunctivitis with the destruction of the cornea. More frequent, however, is diphtheritic paralysis of accommodation, following after convalescence has begun. Influenza may be followed by a nervous depression, during which paresis of accommodation and asthenopia, or fatigue from use of eyes, are common. Exophthalmus, when not due to local disease, is one of the main symptoms of ophthalmic goitre, and in addition to the exophthalmus there are other signs of irritation of the sympathetic, such as spasm of Mueller's muscle. As a result of this spasm, the palpebral fissure is dilated, and the upper lid lags behind when the patient looks downward.

In hepatic diseases, the eye may be affected in various ways. In jaundice, the yellow cover of the conjunctiva is early noticeable, and also lasts longer than the icteric color of the skin. Subjective yellow vision has also been observed at the beginning of catarrhal jaundice. Blepharospasm is frequently the result of foreign bodies in the external auditory canal. Chronic catarrh of the middle ear frequently influences the

acuity of vision. Irritation of the conjunctiva in little children often produces sudden cessation of breathing. In dyspnoæ, hemorrhages into the conjunctiva may occur under some circumstances. It is well known that attacks of asthma occur preferably in the dark, and that the burning of a light at night decidedly diminishes their frequency. It cannot be denied that phlyctenular diseases of the conjunctiva and cornea, eczema of the face, etc., may follow vaccination, as they do other infectious diseases, and in feeble children such affections of the eye are occasionally quite severe and protracted; but if they occur long after vaccination, there can be no ground for admitting the casual influence of the vaccination.

Arcus senilis, a ring of grayish color about the corneal limbus, indicates generalized arteromatous, or fatty degeneration, chiefly arterial or cardiac. Interstitial or diffused keratitis, is nearly always the result of inherited syphilis. Strabismus, or squint, may result from local causes, such as injuries, or cold, etc., but usually arises from unbalanced muscular power. Ptosis may exist with or without other involvement of the third nerve branches. If one eye alone droops, it usually indicates a cortical lesion, unless due to local causes. If the third nerve is paralyzed, we have besides ptosis a dilatation of the pupil. Inability to close the eye-lids results from facial paralysis.

In fact there are but few organs in the body, which, when diseased, do not exhibit some peculiarities in the eye, either functional or organic, and a knowledge of these symptoms is often a great aid in the diagnosis of an obscure case.

**REFRIGERATION IN TUBERCULOSIS.**

BY GEORGE F. FORBES, M.D.

[ Read before the Worcester County Homœopathic Medical Society, November, 1901.]

If the personal pronoun in this paper is thought too conspicuous, please remember that there is no literature, no books of reference to assist in presenting my subject, and that I have taken time and trouble to verify what of importance there is found in the paper, and have to request that the subject be further investigated before general condemnation.

In November, 1900, Dr. H. C. Clapp, our chief authority, gave us in Worcester, an excellent illustrated address on the workings of the system of cure of phthisis in the first stage, as effected at the Massachusetts Hospital for Consumptive and Tubercular Patients, at Rutland. In his essay he stated that the majority of patients seemed to thrive best, or made the greatest gain, in the winter months, when the atmosphere from those bleak hills had the desired effect in repelling the inroads of the disease; but that during the summer months with their hot, moist air, the tubercle bacilli again put in its deadly work. Dr. Clapp again told me the same thing in Boston, in October, 1901. These words are mine, but as I remember, that is the idea he intended to convey. I asked him the question a year ago whether it would be practicable to establish some kind of a cold storage treatment on a large scale. This was considered at the time a sort of a joke.

Since then I have spent some time investigating the theory of such a method, for as yet it is mainly in the experimental and theoretical stage. While many people have been seen and several cold storage plants visited, some of them repeatedly, I have but just begun to realize the magnitude and importance of such a scheme. However, I am already possessed of sufficient facts to be able to claim that refrigeration for consumptives in summer is entirely beneficial and practical; that it is comparatively inexpensive after the building and machinery have been established; that sufficient and abund-

ant ventilation can be secured and regulated at will ; that we can obtain a dryness and freshness of atmosphere as easily as on Pike's Peak ; that air from  $1^{\circ}$  to  $20^{\circ}$  or  $30^{\circ}$  F., can be forced to the top of a room at will, displacing the warmer air, and again precipitated, and this process as frequently repeated as is necessary. That the exhalations from the lungs or skin will be immediately frozen, and sufficiently oxygenized to be reinhaled with immunity ; that the dryness induced by the low temperature is as beneficial to the patient as the climate at the top of a mountain, in fact, so dry, that you can scratch a match on the floor or sides of the room. It is now generally acknowledged that plenty of air at a low temperature is essential to the arresting of the disease.

My propositions are, therefore, first, that this mode of treatment is entirely beneficial as well as practical. Any one can see this who visits these establishments and breathes the pure, bracing air, from  $27^{\circ}$  below zero, as in one room visited, to  $34^{\circ}$  above, as in another room. If one remains there a half hour he experiences the same peculiar bracing sensation or else oppression of the chest as after climbing to a high altitude, but this soon passes off.

This treatment is also beneficial and practical because the colder temperature and purer air of the winter which has been of so much benefit to the patient, is continued through the summer at any desired temperature, from zero to  $40^{\circ}$  above, thus preventing the sick man from relapsing or retrograding during the warm weather, losing nearly all he has gained.

Second : It is comparatively inexpensive after the building and machinery have been provided. If a small engine and boiler can be made to sufficiently cool a room 50 x 100 feet, as such will, a much larger power can be utilized for a much larger room or rooms, and require no more men to operate the works. The latest improvement requires only aqua ammonia, and will operate by what is called "direct expansion," discarding the use of the saline solutions called "brine," as formerly used. This fluid, after being run through the re-



ceiver, is returned to be used over and over again, indefinitely. In cool days in the fall and spring, and all winter, the expense would be practically nothing, refrigeration being needed only about four to five months in the year. The same engine and boiler could be utilized for this purpose in the summer as is used in the kitchen and other parts of a hospital in the winter.

This treatment may not suit all patients, but if a few valuable lives, which would otherwise be lost, could be saved in this manner, should the first cost or the small expense of such a plant be considered?

As to ventilation. This question has given me the most anxiety of all. One of the proprietors of one of the largest cold-storage plants I visited had this to say in regard to the admission of air: "You can make this idea succeed. There is no difficulty in admitting plenty of air. I have more trouble in keeping warm air out than in securing its admission to the rooms."

I was particular in making inquiries as to the renewal of air. He said: "In this room about 50 x 100, we employ twenty-five to thirty men; the room always is at a temperature below freezing, ten hours, six days in a week, with little or no change of air."

These men certainly looked healthy and robust, in fact the two hundred or more men and boys I saw one day going out to their dinner, presented an appearance of health, comparing favorably with that of many a gang of men found in the shops with any quantity of free, germ laden, air to breathe. My guide pointed to one of these men who was quite stout, weighing two hundred pounds, and said: "There is a man who has been at work in this room for twenty years, and never a sick day." The theory or explanation offered is, that any germs, bacilli or exhalations from the breath or skin are immediately frozen; that the air thus reoxygenized and rendered dry by frost, becomes suitable for reinhalation.

I may mention a curious sight, i. e., the frosty breath of the man I was talking with, frosty as in a cold morning out-

of-doors in mid-winter, when just outside the thermometer registered eighty degrees. The room I was in is lighted by electricity, and has only one small door, always kept carefully shut, but these thirty, strong, healthy men, have for years proved the entire feasibility of the plan herewith devised of the artificial refrigeration of air in the summer, and the beneficial effects of such an atmosphere, which should be ideal for tubercular patients, as well as for strong men. If we entirely dissociate the idea of ice with its attendant moisture and dampness, we shall very readily see that my plan is quite feasible. But supposing that during some hot, sultry days in the summer, or any or all days, for that matter, it should be thought advantageous to patients to admit more air or to change the air. This could be easily effected by admitting air, medicated or otherwise, through a tube, as into a furnace, and conducting it directly over and through a frozen coil of pipes (as in steam pipe radiators), at  $40^{\circ}$  below, remember. This tube could admit fresh air in abundance and then spread out like the hand, or be flattened, so that as the tube passed in and out over these pipes, every particle of air would become frozen and free from every germ. A good circulation could be maintained at will, by ventilators in chimneys.

In one of the best cold-storage plants I visited, in Hartford, the proprietor kindly showed me how the principle would work, provided more outside air was for any reason required. "Why," said he, "you can easily regulate that at will," in the manner I have already explained. "But," he said, "I don't believe you will need to admit outside air very often; the air once frozen in the rooms will be sufficient for well people or sick."

Now of course warm air rises, cold air, being the heaviest, naturally sinks to the floor, but at the Hartford and the immense Quincy cold-storage plants in Boston, they pointed out how easy it had become to force the coldest air of a room to the top, displacing the warmer air and forcing that to the floor again, thus always furnishing a good circulation, and the eigh-

teen feet of air per hour required for each person could be as easily regulated as in any other hall. There is nothing in this plan to hinder fresh air in large or small quantities, from being utilized at will and as freely as out of doors, with this advantage, that all bacilli are frozen out as the air enters the room.

It is agreed that it is unnecessary for the patient to live in a zero atmosphere. I would beg to say that there would be no necessity for him to, that could be as easily regulated as steam heat in a dwelling house. If he needed more air or exercise, the physician or nurse could send him out for a long or short walk. In mid-winter at a temperature, say of  $10^{\circ}$  above, any impure exhalations from breath or body are claimed to be immediately frozen, purified and ready for reinhalation. Now that is just what artificial refrigeration will do at the same temperature,  $10^{\circ}$  above, in the torrid heat of summer.

I regret that I have but a single clinical case to report in proof of my theory. In brief, Mr. G., a young man aged 23, never well since he was an infant. He had a dry and harsh cough; narrow, contracted chest; night sweats; no appetite; had never been able to eat meat of any kind, in fact he was as scrawny a lad as could be found. Bacilli abundant in sputum. His father verily thought him hardly worth raising. But the son was induced to enter a large cold-storage house to work. In twelve months' time his friends scarcely knew him. He has grown stout; has an enormous appetite; his cough has nearly left him, and if he stays in that temperature,  $15^{\circ}$  to  $30^{\circ}$  above, he bids fair to be permanently cured.

Here is a case, diagnosed by others as well as myself as one of chronic tuberculosis, an instance where the tubercle bacilli have been fairly frozen out in summer as well as winter. Previously, the slight gain he made in the winter months was nearly or quite obliterated in the heated term. At this writing his chest measurement is two and one-half inches greater than when he entered the cold-storage works.

It may be said that this is only one case, and that one snow

flake does not make winter ; but while I am still investigating this subject I am very desirous that other patients, as well as other physicians, should try this treatment. Some might say that the hardships involved in being shut up in such a place would be unendurable, but let us suppose that we have an attractive hall, 150 x 75 feet wide, with dormitories on either side opening out of it and without doors. Certainly there is nothing to hinder fifty patients, able to be up and dressed, of course, having a good time with all sorts of games, gymnastics, books — and work, even, if they remain mostly indoors for three or four months in the year ; so *that* fancied hardship readily disappears. A dining room, lavatory and bath room could be arranged, and the temperature very easily regulated, provided all air admitted from outside was first refrigerated as already shown. The living rooms could be well lighted, and sunlight freely admitted by several thicknesses of glass windows, fitted airtight, at the sides and overhead.

Now I have shown that the theory of refrigeration for tubercular patients during the summer months is entirely practicable ; that it is, after the first cost of establishing the building and machinery, comparatively inexpensive ; that when external air is required for ventilation it can be very easily admitted and frozen ; that different degrees of temperature can be easily regulated for different rooms ; that these rooms may be made very comfortable for invalids and convalescents ; that the possibility of the project is proven by the fact that a large gang of men are constantly at work, and in a robust condition, in a close room with the temperature at 15 to 35 degrees above ; that any moisture arising from ice forming on the pipes is readily disposed of by warming the pipes and conducting it away.

It has also been shown that there could not be the inevitable relapse of tuberculous patients in the summer's humidity, therefore such patients are the sooner cured ; that the great advantage this method has over the various heating and medicating methods for phthisical cases, is that whereas refriger-

eration, as above, proposes a continuous treatment the whole day, week and month, in the other methods the treatment is interrupted, averaging about one hour out of twenty-four, while in the other twenty-three hours the patient is again exposed to the moist, germ laden air of summer's humidity, and lastly I have shown that this theory is correct by citing the above clinical case of undoubted tuberculosis, where the patient has thoroughly tested and tried refrigeration the past year, has added 35 pounds to his weight and 2 1-2 inches to his chest measurement, and has found it all and more than is claimed for it.

All forms of treatment heretofore tried, such as the use of single and combined drugs, creosote, the phosphates, oils, etc., and the administration of solid and liquid nutritive foods, have failed to even lower the death rate of tuberculosis.

These having failed is it not time that a method, which has proven safe and reasonably sure of giving relief, should at least be investigated and tried before being condemned by the progressive profession of the twentieth century? The development of this theory may not come in my day, but some younger man will surely wish to immortalize his name, and will do so in proving that refrigeration for tubercular patients counts for the saving of human life, and as such must prove a boon to the race.

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## **THE BOSTON UNIVERSITY SCHOOL OF MEDICINE IN THE STATE BOARD EXAMINATION.**

BY S. H. CALDERWOOD, M.D.

[ Read before the Boston Homœopathic Medical Society, Nov. 7, 1901.]

I have been asked to say a few words with regard to the standing and acquirements of graduates of Boston University who come before the State Board for the examination prescribed by the laws of this Commonwealth, and it is with pleasure that I testify on behalf of the Board to the qualifications which they display. We all love Boston University;

many of us, in fact I believe most of us, claim her as our alma mater, and we all know and appreciate the grand work she has done, and is doing in the advancement of the profession to which we are proud to belong.

Her limitations — and she of course has limitations — are mainly due, we believe, to the lack of funds to enable her to carry out her ambitions. All the more credit to her that she has been able to take her present high rank as a medical school, with the limited means which she has at her disposal.

Older and richer schools liberally endowed, can of course offer a wider variety of courses to their students, and when I heard of the recent princely gift of J. Pierpont Morgan to Harvard University, I was again struck with the truth of that biblical saying, "To him who hath shall be given."

But Boston University is certainly not one who hath not, and so liable to lose what she seemeth to have. She has her *materia medica*, the backbone of homœopathy, the riches of which are untold, and well do her students evidence the value of what she bestows upon them; and I desire to emphasize the importance of the young physician acquiring a firm grasp and mastery of this most important part of the practice of his profession.

We are all aware of the high standing and ability of the head of this department in Boston University, and realize the importance of helping him in his labors by a corps of the best and most competent assistants it is possible to secure.

But it is my purpose to speak more particularly of the showing made by graduates of Boston University who appear before us for examination. As you are all aware we have in this Commonwealth what is termed a "mixed board," upon which three different schools are represented. Personally I am in favor of such boards, and I believe my colleagues are of the same opinion. It is surely more creditable to a candidate that he is able to pass an examination determined by examiners of different schools, than one prescribed by those exclusively of the school in which he intends to practise. I can also person-

ally testify to the harmonious relations existing between the different members upon our board, and the kindness and consideration displayed by the members belonging to the old school in a number of instances where embryo homœopaths fared better at their hands, and received more consideration, than those who belonged to the same school were disposed to give. Being, as I say, a mixed board, it follows that the questions used in our examinations are alike for all who may present themselves before us on each occasion. In my own department I note a tendency on the part of those professing my school to reply in more general terms to certain questions than is desirable. For example, a too common answer to a question designed to test the applicant's knowledge of the proper remedy in a specific case is, "Give the indicated remedy." This, of course, affords us no assistance in forming an idea of the ability of the examinee to prescribe correctly; in fact, his ideas of what the indicated remedy is might materially differ from those entertained by all of us. Consequently, in such cases, we gain little or no knowledge of the applicant's grasp upon this very important branch of homœopathic medicine, and frequently, perhaps, the marks we are obliged to give, do not do full justice to his qualifications.

To this point, then, I desire particularly to call the attention of those conducting the department of materia medica in Boston University, and to urge upon them that they impress upon the minds of their students the importance of showing in clear and unmistakable terms the actual, full amount of knowledge which we have abundant reason to believe they possess.

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OXYGEN IN PNEUMONIA.—The case against oxygen as a remedy in pneumonia is that in a large number of trials its beneficial effects have not been very obvious. On the other hand delay in its use may have, in many instances, invalidated its action for good.—*Medical Record*

## EDITORIALLY SPEAKING.

Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 10th of the month preceding.*

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## PHYSICAL EDUCATION OF THE YOUNG.

Before the British Physical Education Society, on the 9th instant, were read two valuable papers which should be of the utmost interest to physicians. The first was by Dr. D. F. Lincoln, on "Defective Children"; the other by Miss Edith T. Sears, on "Anthropometric Observations of Chicago Public School Children." The discussion which followed was taken part in by Dr. Fernald of Waverley, Supt. Seaver of Boston, Dr. Walter Channing of Brookline, and Dr. Sargent of Harvard. From the altogether too brief newspaper report, we gather that there are in every school, cases on the border line between the normal and the abnormal; that there is a distant relationship between the mental ability and physical make up; that boys are more enduring than girls; that physical condition is not sufficiently taken into account in grading schools.

Not infrequently the community is shocked by some atrocious crime, and it develops, afterwards, that the perpetrator is not entirely responsible; had been in some respects always peculiar, and upon critical examination shows all the "earmarks of degeneracy," at least. The crime is committed, the perpetrator is "committed," and thus it ends. Had the enfeeblement of mind which leads up to the crime, been earlier recognized, the crime might not, probably would not have occurred. So much thought and study has been expended in the treatment of the so-called "feeble-minded," and so much success has attended proper treatment and education of these unfortunates, that we believe it not too bold a statement to make when we say, we believe the early diagnosis of mental inferiority and its recognition in educational methods, will do



much towards making reliable citizens of many who, under the present system, grow up to be a menace to society.

The facts that there is a more or less constant relationship between mental and physical makeup, and that boys have more endurance than girls are very suggestive. The former clearly indicates that by the proper grading of scholars on a physical basis, and by proper physical training, much may be done to improve the mentality; the second fact, that of the greater endurance of boys, is very suggestive from a co-educational standpoint.

## SOCIETY REPORTS.

### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

#### BUSINESS SESSION.

The annual meeting of the Boston Homœopathic Medical Society was held at the Boston University School of Medicine, Thursday evening, Jan. 2, 1902, at 8 o'clock, the President, T. Morris Strong, M.D., in the chair.

The records of the last meeting were read and accepted.

John Sproull, M.D., 330 Washington Street, Haverhill, Mass., was proposed for membership.

The following physicians were elected to membership: E. P. Ruggles, 21 Bowdoin Street, Dorchester; Robert F. Souther, 845 Boylston Street, Boston; and C. E. Rice, Wilton, N. H.

The Secretary read a communication from the Boston Board of Health, acknowledging the receipt of resolutions passed by the Society at a previous meeting endorsing the action of the Board in its efforts to check the spread of smallpox, and expressing "its high appreciation of the value of such support when the matter comes before the Legislature."

The committee appointed to draw up resolutions on the death of Dr. Wm. Woods, reported as follows:

*Whereas*, our beloved brother, Dr. William Woods, of Bos-

ton, has been removed from our midst, after practising in our city for more than thirty years :

*Resolved*, that in losing him from our membership, we have lost a good physician, who, by his skillful treatment and kindly, cheerful manner, particularly endeared himself to his patients ; a physician who was modest, true, honest, charitable and sympathetic.

C. WESSELHOEFT.	}	<i>Committee.</i>
HIRAM B. CROSS,		
H. C. CLAPP,		

The resignations of Grace Marvin, M.D., and Ella G. Pease, M.D., were read and accepted.

The annual reports of the Treasurer, Auditor and Secretary, were read and accepted.

Dr. M. W. Turner offered the suggestion that fifteen or twenty minutes at each meeting be given to the consideration of comparative materia medica or therapeutics, a subject which would interest the younger members, at least. If necessary, it would be well to give up a paper at each meeting to allow time for it, and it might be well to add a section to take charge of it. Referred to the Executive Committee.

Dr. Klein : I move that in future, after the business session and before the scientific session, ten minutes be allowed for the payment of dues. Referred to the Executive Committee.

Dr. C. D. Whitman Reed ; I wish we could have our meetings down town, where they would be more accessible to out of town members. I would rather pay \$3.00 a year and have the place of meeting changed. Referred to the Executive Committee.

The President's address was received with marked attention, and if the criticisms it contained quicken the interest of the members in the aim of the Society, the year 1902 will be a memorable one in its history.

Voted ; That the President's address be printed in the Year Book.

The following is the result of the election of annual officers, Drs. D. W. Wells, F. L. Emerson and J. M. Hinson, Tellers.

Total number of votes cast, 67.  
President, F. E. Allard, M.D.  
First Vice-President, William F. Wesselhoeft, M.D.  
Second Vice-President, Edward E. Allen, M.D.  
General Secretary, H. O. Spalding, M.D.  
Associate Secretary, J. A. Rockwell, Jr., M.D.  
Treasurer, M. W. Turner, M.D.  
Auditor, George E. May, M.D.  
Censors — T. M. Strong, M.D.; F. W. Colburn, M.D.; N. M. Wood, M.D.

REPORT OF THE SECTION OF SANITARY SCIENCE AND  
PUBLIC HEALTH.

*W. M. Townsend, M.D., Chairman; H. D. Boyd, M.D., Secretary; Marion Coon, M.D., Treasurer.*

PROGRAMME.

1. "Lantern Slides Illustrating the Eruptive Stages of Smallpox." J. H. McCullom, M.D.
  2. "The Blood Changes Produced by Vaccination." Fred. F. Strong, M.D.
  3. "Reminiscences of Previous Epidemics of Smallpox." J. H. Sherman, M.D., and H. E. Spalding, M.D.
- Election returns.  
Collation.

Dr. Townsend stated that Dr. McCullom was unable to be present and address the Society.

In regard to the present epidemic of smallpox Dr. Townsend stated that in the city the disease is readily stamped out, but in the localities outside it has not decreased and the number of cases is constantly increasing. Another cause of the spread of the disease is the inability of some physicians to distinguish between it and similar diseases. In towns, where cases are isolated, it is much harder to get them under control than where there is an epidemic, the people and physicians not being as much on their guard, allowing the case to escape, and in this way spreading the disease, carrying it to surround-

ing towns. Dr. Morse, Secretary of the State Board of Health, at a meeting of Somerville physicians, emphasized the importance of all doctors in the towns outside of Boston co-operating to secure isolation and vaccination.

2. Dr. F. F. Strong's paper, "The Blood Changes Produced by Vaccination," was read by the Secretary. Not discussed.

3. "Reminiscences of Previous Epidemics of Smallpox."

Dr. Sherman: Until I received the programme I thought a paper would be presented, and that I was expected to discuss it.

My first experience with smallpox was in 1859, at Siasconset, Nantucket, when I was called to see an old colored man, cook in the hotel, whom I found in a dark, attic room. His face was rather uneven, and as I pressed my finger on it pus oozed from the surface. He had been sick a week; the disease had passed the vesicular stage, and the worst was over when I saw him. The man was isolated, and there was no other case, which I knew of, which came from this one. I saw no more of smallpox until 1873, and then I was in Lynn, where there was quite an epidemic at that time, and I attended a number of cases. In some the symptoms were those of ordinary fever, so that you might think patients were coming down with typhoid or some other fever. If you suspected smallpox, you would pass your finger over the skin, and if you felt something like shot in a vesicle or pustule, it was smallpox. In Lynn, a man, whose wife I had attended in her confinement, complained of a pain in his back. I took him to the light, found that his face was exceedingly red, which was unusual, and there was headache and nausea. I said that this was suspicious, and told him I did not want him to go into the room where his wife was, but to go into a room by himself and see what the result would be. The next morning he was broken out with smallpox and I reported the case. He wanted to go to the pest house, and not run the risk of giving the disease to the rest of the family. I made application, but the authorities could not attend to it that day, and it was put off until night, about ten o'clock. That same night dark spots

came out all over him, and he had severe hemorrhages from the mouth, dying before morning. I called it hemorrhagic smallpox. The other cases that I had were all of a mild type, and I did not see anything more of it until '94, I think it was.

As to treatment, it was all symptomatic, aconite for fever, and arsenicum.

Dr. H. E. Spalding: The first fifteen years of my practice I had several cases. I saw more or less during my student life with my preceptor. I am sorry we did not have the address of Dr. McCullom, and also the illustrations, because I am sure all would have been interested. I supposed, like Dr. Sherman, I was expected to discuss a paper.

In the epidemic of 1872-73, when smallpox was very prevalent in Boston, and extended more or less into suburban towns, I had some cases. At the same time, there was an epidemic of cerebro-spinal meningitis. In Hingham, where I resided at that time, and vicinity, there were probably more cases of meningitis, in proportion to the population, than in any other part of New England. It was a singular fact that two epidemics came at the same time, characterized by intense fever, backache, nausea and vomiting. The moment a person had a severe cold and backache, the doctor was called to learn whether he was going to have smallpox or cerebro-spinal meningitis, and thus the disease was diagnosed early, and its spread was checked.

The country methods of handling the disease were as follows. The towns supplied what they called the pest house. About that time I had my term of service as town physician and generally the patients were taken to the pest house, which was located a few rods from the almshouse. Those who were not, were cared for in their own homes, and usually by members of their families. My method in such instances was to isolate the patient from the rest of the family, tack up a sheet, which had been dipped in some antiseptic (carbolic acid was the one in general use then), and everything was passed in and out under that sheet. In mild cases, the patient's wants being thus provided for, he received no other care. Every

member of the family was vaccinated. If it showed no signs of taking at the end of four days, they were re-vaccinated. In my experience, if I was able to isolate the patient and vaccinate those exposed before the eruption became pustular, no one took the disease. In one instance, where I did not see the case before the pustules had formed, some half a dozen contracted the disease. It is an open question how early the disease can be transmitted from one person to another. It seems to me not to be transmitted before the eruption manifests itself as vesicular, certainly, and perhaps pustular.

The differential diagnosis of smallpox. It may seem very easy to diagnose smallpox before you see the eruption. It is not so, and when it is fully formed, danger of contagion is present. The earliest symptoms are intense fever, headache, and backache, and a good deal of vomiting, something like bilious fever, which we used to talk about, but do not now; green bile is vomited, not once or twice, but for two or three days; then slight appearance of eruption on face and hands, resembling measles more than anything else, but having the little hard spot in the centre. With the appearance of the eruption, the fever, vomiting, etc., are usually relieved. The third or fourth day you get the first sign of rash in the mouth, at the same time it appears on the forehead, becoming vesicular, and going through the course to the pustular stage. The difference between it and varicella, or chicken pox, is that, in the latter disease, few of the vesicles reach the stage of umbilication. If a case of chicken pox is so severe as to pit, you feel the hard substance as in smallpox. Hence this often claimed, early distinguishing symptom, can not be depended upon. In measles, there are the inflamed eyes and irritating cough, instead of backache, and headache, and absence of vomiting, as distinguishing characteristics, although at first the eruptions resemble each other. Cases, like Dr. Sherman's, that prove to be hemorrhagic, generally result fatally. In typhoid fever the earlier symptoms are different; the eruption does not usually appear until the eighth or tenth day, and is usually confined to the abdomen and chest. I saw a case in

a clinic in Vienna. The patient was completely broken out from head to foot. The first day it appeared like smallpox. I carefully examined the woman, and decided that it was not, the history did not correspond to smallpox. I could not decide what it was, and I reported that I did not know, it was either smallpox or typhoid fever. It proved to be a case of typhoid fever. I never saw a case of typhoid fever before where the eruption was so extensive and resembled measles or smallpox.

As regards the treatment of smallpox. I can add very little to what you can find laid down in text books. The remedy, the pathogenesis of which corresponds most accurately with smallpox, is antimonium tartaricum. You have got the symptoms of poisoning by this drug, you will find the symptoms corresponding to that disease. It is not simply local irritation, when the drug is applied to the skin, which causes the eruption. The eruption often appears in other and remote parts of the body. Dr. Richardson gave one-half grain doses of antimonium tartaricum every three hours for six days in a case of pneumonia. A few days after the body became covered with an eruption which was mistaken for smallpox. In another case of pneumonia, where ten grains were given during thirty-six hours, an eruption appeared twenty-four hours after, which was papular, vesicular, then pustular, resembling very closely variola. Lichtenstein reports cases of pustulation from the use of tartar emetic. He used the contents of three pustules as virus for vaccination, using it from these vaccinated cases for others, and claimed good results. No proof, however, is afforded as to its prophylactic powers.

As regards vaccination, I am very glad that our President has spoken so plainly in advocacy of it. I have seen the beneficial effects of vaccination, and I know I was very thankful, when I had those cases at Hingham, that I had been vaccinated a few weeks before and that it had taken. I felt safe. Some may honestly think it is unsafe to vaccinate; I will not quarrel with that, but I do object to a physician signing a certificate to the Board of Health saying the child is not in con-

dition to be vaccinated, when he has not seen the child and is not the family physician, simply because he is opposed to vaccination. In my own practice, the parents of a child told me they did not come to me, because I knew the child and its history, and would vaccinate it, so they obtained a certificate from a physician who did not know the child. I think such physicians commit a breach of professional ethics.

I consider the nutrition of the patient very important. The mouth and face are so swollen that he cannot swallow, and would rather die than attempt it, and it requires great effort on the part of the nurse to get him to take nourishment. The only case I lost was from that cause. The man had been ill for ten days, was delirious; they could not get him to take nourishment; he got out of the bed, fell on the floor, and died there. His condition was so repulsive that his sons, who cared for him, could not persuade themselves to lift him on to the bed. If life could have been sustained for thirty-six hours longer, he, probably, would have recovered.

Carbolic acid was the disinfectant in use at that time. I had one patient daily open every pustule on his face and touch it with a match dipped in carbolic acid, and he recovered without being pitted.

Dr. W. O. Mann: I cannot add very much from personal experience. We have had a few cases at the hospital, five altogether, and the disease was quite readily stamped out. The first three cases developed from some unknown cause, and the remaining two were nurses who had cared for the previous cases.

Regarding the time when it may be contagious. One of our nurses took care of a case after the eruption appeared, and the disease developed in a few weeks. I am inclined to think that it may be contagious at any stage. The first two cases were in wards, one contained twelve patients, and the other, three. None of the other patients had it. They were immediately vaccinated, and I suppose that was the reason. Proper precaution of vaccination will prevent the spread of the disease. When Dr. Howard, now at the Massachusetts General



Hospital, was at Tewksbury, a case of smallpox developed in a ward of thirty or forty patients, and he thought it was more easily eradicated and stamped out than measles. There have been a number of cases at the City Hospital, but I do not know how many, or how severe. I think there has been a great deal of talk and scare among the laity, and some of the profession. I believe thoroughly in vaccination, and in talking with Dr. Durgin, he seemed very much pleased that the patients and employees of the Homœopathic Hospital had been vaccinated, as he had had the feeling that we did not vaccinate. I was glad to disabuse his mind of the belief.

Dr. Klein : When I was a boy in Germany there was a severe epidemic in 1862 or '63, and, though I did not know much about anatomy, I was sent to cup smallpox patients. Whatever the employment of the patients might be, shoe-making, or tailoring, they kept right on with their work. It seems to me the great trouble in smallpox is that cases are not reported. In large cities, with the best of care, cases will be secreted. The family and friends will keep it quiet for fear the patient will be taken away. Often intelligent people will do this. In Baltimore, during the epidemic of 1872, there was a house to house inspection and every person had to be vaccinated. I do not believe in vaccination unless there is an epidemic, then every one should be vaccinated. Care should be used to properly protect the arm after vaccination, lack of attention to this is the cause of most of the sore arms.

Dr. Sherman : What is the law regarding varioloid ?

Dr. Strong : I suppose the Board of Health has regulations regarding it.

Dr. Sherman : Dr. Durgin thinks it is better to go to the pest house, but it is not compulsory.

Dr. Ransom : It is very easy to make plaster of paris casts of patients, showing the eruption in different stages, and Boston University would be very glad of such casts so that the students could see the eruption in all stages. This is not my own idea, a neighboring college has had it done.

Dr. Shaw : With regard to the difference between smallpox and other eruptive diseases. It is a good deal as it was with

a friend of mine who said the difference between colic and appendicitis was the status of the patient. If he was rich enough to have an operation it was appendicitis ; if not, it was colic.

In regard to vaccination, there is one point I wished some one would speak about, and you are going to adjourn without mentioning it, and it is a very pertinent one. One family I have lost because I would not give a certificate to the effect that the patient ought not to be vaccinated, and I shall probably lose another for the same reason. Some physicians will give certificates without previous knowledge of the patients. Pills, which are said to be inoculated, thus doing away with vaccination, are given by some physicians. This discussion on smallpox and the remedies to be given is useful, and we ought to say as a Society that we do not endorse any method of prevention, except vaccination, because it has been given out that homœopathic physicians, as a rule, endorse them.

Dr. Mann : We employed a graduated nurse to care for one of our cases. She had been taking vaccinium powders. She came to us and wanted smallpox cases. In about two weeks the disease developed, though she had taken the powders faithfully, and she nearly died. The powders did absolutely no good.

Dr. Townsend : I was at the Board of Health office, and Dr. Durgin said to me that much harm had been done because people believed that the powders were just as good as vaccination. It is a great harm to homœopathy.

Dr. Allard : It seems to me that this question is of vital importance, and I move that this meeting adjourn to January 16th, when Dr. McCullom can come and give his talk and illustrations, and members of the Society come, and let there be a free discussion.

Dr. Emery : I would suggest that a question box be established between now and the 16th, in charge of a member of the Society.

Adjourned at 10.10 o'clock to the lower lecture hall, where a collation was served.

H. O. SPALDING, *Secretary.*

BOOKS AND READING.

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Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked *NEW ENGLAND MEDICAL GAZETTE*, and sent to the publishers, Otis Clapp & Son, 10 Park Square, Boston.

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A DICTIONARY OF PRACTICAL MATERIA MEDICA. By John Henry Clarke, M.D. In two volumes. Vol. I. London: The Homœopathic Publishing Co. 1900. pp. 951. Price, buckram, \$15, *net*; half morocco, \$17.50, *net*.

It is not often that a publication of such importance and interest comes to us from across the Atlantic, and in that it has distinctive features which place it by itself, we feel that the greatest service we can render our readers will be to outline the scope and development of the work.

And first, it is a complete materia medica of the remedies of which definite use has been recorded in homœopathic literature. Unabridged information is given about each, and each stands complete in itself, a little monograph. The remedy title is followed by its synonyms, chemical symbol, preparation used in experiments or practice. Under the head of "Clinical," comes an alphabetical list of diseases to which the remedy has been or promises to be, curative.

The "Relations," "Characteristics," and "Causation," are next given, and after these the main body of the text, consisting of a schematized list of the "Symptoms," arranged under mind, head, ears, eyes, nose, face, teeth, mouth, throat, appetite, stomach, abdomen, stool and anus, urinary organs, male sexual organs, female sexual organs, respiratory organs, chest, heart, neck and back, limbs (in general), upper limbs, lower limbs, generalities, skin, sleep, fever. Clinical symptoms appear, supplementing the symptoms of the prover, and this we think most reasonable, and even, at times, ensuring a truer knowledge, when the great need of reprovings in many instances is remembered.

Though this work is called a dictionary, there is nothing formidable or disconnected about it. The paper, with its unglazed surface, is a great relief to the eyes; the type is good, and the book well bound. Volume I. contains all remedies, alphabetically arranged, to and including hypericum.

A TREATISE ON SURGERY. By American authors. Edited by Roswell Parks, A.M., M.D.; Professor of the Principles and Practice of Surgery and of Clinical Surgery in the Medical Department of the University of Buffalo, Buffalo, New York, etc. Third edition, enlarged and thoroughly revised. Illus. New York and Philadelphia: Lea Brothers & Co. 1901. pp. 1408. Price, cloth, \$7, *net*; leather, \$8, *net*.

While the departments of general and regional surgery have received careful and expert revision, and the subjects heretofore considered at length under these headings have been written up by some of the ablest surgeons in the country, we feel that special attention should be directed to the section which deals with surgical pathology. It is divided into six chapters, viz.: Hyperæmia, Its Consequences and Treatment; Surgical Pathology of the Blood; Blood Examination Applied to Surgery; Inflammation; Ulcer and Ulceration; Gangrene. The general recognition of the great value of laboratory work as an aid to the surgeon in diagnosis and prognosis, and as a guide in determining the advisability of operating, or in preparing the patient for operation, is of comparatively recent origin, and only works conceived and executed in the spirit of modern scientific progress deal adequately with it. Therefore, we commend the introduction of chapters which, as in this book, emphasize this point, and give physicians and students clear information and instruction concerning the surgical pathology of the blood, blood examination, pyogenic organisms, etc.

It is a great advantage to the average practitioner to have a comprehensive surgery in one volume; such a work seems less formidable and more get-at-able. The publishers have added to the attractiveness and value of this volume by well and freely illustrating it, and setting up the text in good, clear type. Careful reading will not show that in treating of the surgery of today, the accepted and tested knowledge of the past has been omitted. The authors have been judiciously conservative, as well as sufficiently progressive.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE. By A. C. Cowperthwaite, M.D., Ph.D., L.L.D.; Professor of Materia Medica and Therapeutics in the Chicago Homœopathic Medical College, etc. Including a Section on Diseases of the Nervous System, by N. B. Delameter, A.M., M.D., Professor of Mental and Nervous Dis-

eases in the Chicago Homœopathic Medical College. Chicago : Halsey Bros. Co. 1901. pp. 1039. Price, cloth, \$6 ; half morocco, \$7.

Messrs. Halsey Brothers have every reason to be proud of this fine, new, important work on practice, just brought out by their house. It has been cause for regret that our school has had so few reliable works of this nature. That there will be an immediate and continuous demand for that of Dr. Cowperthwaite's, there can be no doubt. Though it bears the imprint of 1901, it will prove a worthy leader among homœopathic publications in 1902.

Its various sections, with their subdivisions, deal with diseases of the digestive system, including diseases of the mouth, tonsils, pharynx, esophagus, stomach, intestines, liver, pancreas, and peritoneum ; diseases of the respiratory system, including diseases of the nose, larynx, bronchi, lungs and pleura ; diseases of the circulatory system, including diseases of the pericardium, heart and arteries ; diseases of the urinary system, including diseases of the kidneys and bladder ; diseases of the blood and ductless glands ; constitutional diseases ; infectious diseases ; diseases of the muscles ; drug habit and intoxications ; ptomaine poisoning, obesity, heat-stroke ; diseases of the nervous system, including diseases of the brain and its membranes, the spinal cord and its membranes, diseases of the peripheral nerves, and the neuroses.

These sections give a comprehensive view of the subjects treated ; present the latest knowledge of etiology, pathology, symptomatology, and therapeutics ; include valuable information upon prophylaxis, hygiene, and sanitation, and carefully individualize in choice of remedies and remedial measures. Homœopathic practitioners of all shades of opinion, even when differing from the author in his choice of potencies, may and should unite upon the common ground of prescribing according to the law of similars, and should commend his frank and manly statement of personal preferences and convictions. We have in Professor Cowperthwaite's work an excellent text book and guide to successful practice, and one which, with his *Materia Medica*, will form the backbone of a physician's library.

**STUDIES IN THE PSYCHOLOGY OF SEX ; SEXUAL INVERSION.** By Havelock Ellis, L.S.A. (England) ; Fellow of the Medico-Legal Society of New York and the Anthropological Society of Berlin, etc.

Philadelphia: F. A. Davis Co. 1901. pp. xi.-272. Price, \$2, *net*.

"Sexual Inversion" constitutes the second, of the five volumes which will complete the series of studies in the psychology of sex. It has been written chiefly for physicians, lawyers, and scientists, and certainly is not adapted to more general reading. However important the subject of sexual deviations from the normal may be, we cannot think that the presentation and perusal of the very numerous cases recorded in this book, can result in any profit or advantage at all commensurate with the undesirable influence which they might exert. We can not too earnestly urge that a book of this nature should be freed, so far as possible, from matter which might possibly prove corrupting. This expression of opinion is not intended, however, to in any way reflect upon the intentions of the author, who discusses the various perversions in an inoffensive and scientific manner. What he has written concerning the history, causation, and theory of sexual inversion is of interest and value, though his conclusions shed but little new light upon the problems of prevention and cure.

A TEXT-BOOK OF SURGERY. By Dr. Hermann Tillman, Professor in the University of Leipsic. Translated from the seventh German edition by Benjamin T. Tilton, M.D., and John Rogers, M.D. Edited by Lewis A. Stimson, M.D. Vol. I. The Principles of Surgery and Surgical Pathology. Illus. New York: D. Appleton and Company. 1901. pp. 841.

The surgery of today is in itself a science far removed from the surgery of bygone years, which concerned itself chiefly with direct operative interference or routine treatment. The surgeon now, must have an intimate knowledge of general surgical pathology, and bacteriology; the characteristics, significance, and treatment of diseases and injuries of special tissues, as well as an intimate acquaintance with surgical diseases and injuries of the different regions, the most approved curative and palliative methods of treatment, and how to successfully apply the principles of modern surgery which require modifications to meet individual needs.

Theoretical knowledge must precede and accompany clinical experience, and to this end, text-books and surgical literature receive careful study. We have at hand only the first, of the three volumes

of Tillman's Surgery, but this, in itself, proves to be a work worthy of the attention of the earnest student and, in part, at least, of value to the surgeon. General principles governing surgical operations, the methods of applying surgical dressings, surgical pathology and therapy, occupy its pages, and prepare the way for future consideration of general and regional surgery.

The section on pathology and bacteriology, offers a complete exposition of these highly important subjects, and includes studies of chronic mycoses; injuries and surgical diseases of the soft parts, bones, and joints; gunshot wounds, tumours, etc.

There are over five hundred illustrations, and an extended and complete index. The work in its completed form should be most serviceable, and is already well known through past editions, as standard and authoritative.

PRACTICAL MEDICINE. By F. Mortimer Lawrence, A.M., M.D., Assistant in Practice of Medicine, Hahnemann Medical College, etc. Philadelphia: Boericke & Tafel. 1901. pp. 521. Price, cloth, \$3, *net*; by mail, \$3.25.

In a simple and manly preface the author says that his book is intended for students, not for advanced workers. We rather think, however, that the latter will scan its pages with kindly and appreciative eyes. We find it well written, and in the style of the preface, that is, with a simplicity and directness refreshing in this day, when discussions about diseases multiply as fast as works distinctively on practice.

The book is after the manner of "Goodno," though much condensed, too much so, if anything, but it is practical and pithy. Under each subject is given in brief the etiology, so much of the pathology as relates to the underlying changes accompanying the characteristic symptoms; the symptoms, complications, diagnosis, prognosis, and treatment. In connection with diagnosis the more important laboratory methods are included, and directions given for questioning and examining the patient.

Errors are not uncommon in the most comprehensive works, or in briefer ones such as this, but we think such a statement as the following should not pass unchallenged. Under "Vaccination," Dr. Lawrence says: "Complications, such as ulceration, erysipelas, or septicemia, are positive evidence of fault on the part of the virus or

the vaccinator." This is altogether too sweeping when the condition of many patients, their disregard of instructions, and lack of personal cleanliness is considered. We trust the author will qualify his words in future editions, and we also hope that in them, the treatment of diseases may be given somewhat more fully and specifically.

A POCKET TEXT-BOOK OF VENEREAL DISEASES. By James R. Hayden, M.D., Chief of Clinic and Instructor in Venereal and Genito-Urinary Diseases in the College of Physicians and Surgeons, New York, etc. Illus. Philadelphia and New York: Lea Brothers & Co, 1901. pp. 304. Price, cloth, \$1.75 *net*; flexible leather, \$2.25 *net*.

We have had occasion before to notice other volumes of "Lea's Series of Pocket Text-Books, which are helpful little manuals, bridging over the space between quiz compends and exhaustive treatises and text books. The one on Venereal Diseases has already passed through two editions. The third edition contains new sections on vegetations and herpes progenitalis; many new illustrations, and such changes as recent progress has necessitated. The object of the book, and one well attained, is to furnish a practical working knowledge of gonorrhœa, stricture, chancroid, and syphilis by simple, direct, scientific teaching which emphasizes the most important points to be remembered, and aids in systematizing the more general knowledge obtained from other sources.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS. Vol. I. General Medicines. Edited by Frank Billings, M.S., M.D., head of the Medical Department and Dean of the Faculty of Rush Medical College, Chicago. Vol. II. General Surgery. Edited by John B. Murphy, M.D., Professor of Surgery, Northwestern University Medical School. Chicago: The Year Book Publishers. Price, Vol. I., \$1.50; Vol. II., \$2.

The publishers of this series have had in mind the fact that the profession desires the latest information in the smallest compass. They have planned to issue individual volumes monthly; to make each complete in itself, and to cover the field of medicine and surgery within the year in ten volumes, the subscription price for the series being \$7.50. Completeness, seasonableness, freshness of material, reliability, ease of reference, and compactness, are the ends sought.



The first volume is devoted to diseases of the respiratory and circulatory organs, to general infections, and to constitutional diseases. Diseases of the blood, ductless glands, kidneys, etc., are reviewed in some forty pages, or about one-seventh of the book.

The second volume, of over 500 pages, surveys the surgical labor and progress of the past year ; presents the views of many well known and skillful operators, and notes the advancement in diagnostic methods, and timely and appropriate treatment. The material for both volumes has been drawn from approved sources, and from the best of current medical literature.

A BRIEF MANUAL OF PRESCRIPTION WRITING IN LATIN OR ENGLISH FOR THE USE OF PHYSICIANS, PHARMACISTS, AND MEDICAL AND PHARMACAL STUDENTS. By M. L. Neff, A.M., M.D. Philadelphia : F. A. Davis Company. 1901. pp. 136. Price, cloth, 75 cents, *net*.

Simplicity characterizes the teachings of this little book. It does not teach the Latin language, but so much of it only, as will enable the writing of an intelligible and correct Latin prescription. Model prescriptions are given and simple rules for the same. The appendix contains Latin phrases with their abbreviations, a Latin-English vocabulary, table of doses, rules for incompatibility, etc. There are about fifty pages of prescription blanks. The book is very neatly gotten up.

HISTORY OF MEDICINE. By Alexander Wilder, M.D., Honorary Member of the Liverpool (England) Anthropological Society, etc. New Sharon, Maine : New England Eclectic Publishing Co. 1901. pp. 946. Price, \$2.75, *net*.

The sub-title of this volume defines its scope as "A brief outline of medical history and sects of physicians, from the earliest historic period ; with an extended account of the new schools of the healing art in the nineteenth century, and especially a history of the American Eclectic Practice of Medicine, never before published."

This announcement in its length and particularity is itself a review of the book, which is intended more especially for Eclectics, though by no means given over exclusively to data relating to that School. The account of the early development of the practice of medicine is full and readable ; all methods and professional tenets are outlined ; the growth of many medical colleges and organizations is traced, and,

toward the end of the book, a convenient synopsis given of medical statutes in the different States of the Union. A complete enumeration of the publications of the so-called "Reformers in Medicine," is appended to the main body of the work.

ANATOMY, DESCRIPTIVE AND SURGICAL. By Henry Gray, F.R.S., Lecturer on Anatomy at St. George's Hospital, London. Thoroughly revised American from the 15th English edition, with 780 illustrations. Philadelphia: Lea Brothers & Co. 1901. pp. 1246. Price, with illustrations in black, cloth, \$5.50 *net*; leather \$6.50 *net*. Price, with illustrations in colors, cloth, \$6.25 *net*; leather, \$7.25 *net*.

Except by the undergraduate, Gray's "Anatomy" is undoubtedly regarded by all in the profession as an indispensable friend, an old and reliable one. The knowledge it contains is fundamental and absolutely essential, while the work itself is a masterpiece and a classic in medical literature, and in its present revised form is more serviceable than ever. As regards press work it is the best edition yet issued.

The sections on the brain, spinal cord, nervous system and viscera have been entirely rewritten, and many others emended and amended as found necessary by the competent writers who have had charge of the revision. Constant progress is being made in the departments of embryology and microscopical anatomy, and the larger knowledge of these subjects is evidenced in the pages devoted to them.

We recommend the purchase of a copy of the new "Gray," which is worth its cost, and the preference should be given to the one illustrated in colors. The difference in price is trifling, and the value of the work is much increased. Two hundred and thirty-one new engravings appear in the new edition, and many diagrams have been redrawn. The sections on embryology and histology have been placed at the end of the book instead of at the beginning; a change approved by leading instructors in anatomy.

#### FORTHCOMING PUBLICATIONS.

Jonathan Hutchinson, F.R.S., General Secretary of the New Sydenham Society, has requested Messrs. P. Blakiston's Son & Co., of Philadelphia, the American agents of the Society, to announce the publication of "An Atlas of Clinical Medicine, Surgery and Pathol-

ogy," selected and arranged with the design to afford, in as complete a manner as possible, aids to diagnosis in all departments of practice. It is proposed to complete the work in five years, in fasciculi form, eight to ten plates issued every three months in connection with the regular publications of the Society. The new Sydenham Society was established in 1858, with the object of publishing essays, monographs and translations of works which could not be otherwise issued. The list of publications numbers upwards of 170 volumes of the greatest scientific value. An effort is now being made to increase the membership, in order to extend its work.

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### ABSTRACTS FROM BOOKS AND JOURNALS.

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OBJECTION TO BI-POLAR VERSION.—There is one serious objection to bi-polar version and slow extraction. The infantile mortality is greater. When interference is necessary before viability, or when the foetus is dead, slow delivery is certainly indicated. If the life of the child be endangered during slow extraction, the obstetrician must decide between it and more rapid delivery with its increased maternal risks.—*Exchange*.

THE TONSILS.—The tonsils act as other lymphadenoid tissue in the body and prevent in a healthy condition the entrance of organisms into the deeper tissues. When diseased they are a factor in causing infectious diseases, and the extirpation of diseased faucial and pharyngeal tonsils should be insisted upon as promoting a healthy action of the organism. Surgical interference, in such cases, is almost without exception followed by an improvement in the general health of the individual.—*The American Medical Monthly*.

DESSEMINATION OF GERMS BY COUGHING.—Goldie has demonstrated that the single act of coughing is sufficient to thoroughly disseminate the germs through the air of a room. He washed his mouth with a culture of bacillus prodigiosus and gave twelve coughs. Prepared plates were exposed in differ-

ent parts of the room at the end of 5 — 10 — 15 minutes for 5 minutes each, and all showed varying numbers of colonies, thus showing that a single act of coughing might so infect a room in every part that cultures could be produced from the air.— *Annals of Gynecology and Pediatrics*.

IMPORTANT SYMPTOMS OF PUERPERAL CONVULSIONS.— The most important symptom of puerperal convulsions is a general listlessness, a dull headache on the frontal or parietal protuberance, or extending back ; specks before the eyes, ringing in the ears, fullness about the head, and this may occur without edema in the feet, legs or hands. When all of these symptoms are present, look out, for these are the danger clouds ; the storm-burst is close at hand.— *St. Louis Medical Review*.

SUICIDES IN THE UNITED STATES.— In the last thirty years there have been 28,563 suicides in the fourteen largest cities of the United States, and the ratio has increased from 87 per million inhabitants in 1870, to 205 per million in 1898. The total number of suicides during the year 1901 was 6,755.— *Exchange*.

INTUBATION TUBES.— All intubation tubes should have a coating of hard rubber — metal tubes if worn for a few days often show an incrustation or roughening which may produce an abrasion of the mucous membrane and may also result in a chronic stenosis of the narrow air passage.— *Dr. A. Caille, New York Post-Graduate Medical School*.

INFANTILE CONVULSIONS AND TEETHING.— A very false idea exists that infantile convulsions are due to teething. If a carelessly fed child has convulsions during the teething period, do not blame the teeth, but your own neglect or overabundant attention. The same is true in cases of diarrhea. The mistaken idea that a mild diarrhea is beneficial to teething children is responsible for a large annual infant mortality. Diarrhea is never beneficial to a child under any condition, any more than constipation would be beneficial.— *Pediatrics*.

AGE OF PUBERTY.—Racial characteristics fade rapidly away. The age of puberty in Germany is 15.5 to 16, in Ireland, 15.3, and for the girl born in America of German or Irish parentage 14.5, in St. Louis as it is in Montreal; the Canadian French are the only exception, between 14 and 15 in their native land, these alone of all races are more precocious than the American of the same class when born in this country, 13.7 is the mean age; climate here has absolutely no influence; race very little; mentality, surroundings, education and nerve stimulation stand out prominently in this country as the factors which determine precocity.—*Transactions of American Gynæcological Society*.

PUERPERAL CONVULSIONS: NON-UREMIC CAUSES.—These include a rigid, contracted cervix uteri, a small pelvis through which the child makes slow progress under heavy pressure; severe, prolonged ineffective pains, and an unyielding perineum. These are frequent cases of convulsions of the less serious kind. A woman may have hysterical fits in childbirth; she may have epilepsy. In rare cases, alcoholic poisoning has produced fits.—*St. Louis Medical Review*.

GASTRIC DILATATION.—The opinion has been prevalent until very recently that gastric dilatation is always incurable, and this opinion is in a measure correct — especially when the dilatation is caused by any mechanical obstruction at the pylorus; but when due to a chronic gastritis, before it has gone on to a condition of gastric cirrhoses, or when it has resulted in a lithæmic subject as the consequence of excessive acidity and evolution of flatus, which, by ordinary means, cannot be overcome. Under appropriate therapy this variety can be cured, for so soon as the evolution of gas is stopped and remedies used which will restore tone to the mucous and muscular coats of the stomach, digestion becomes prompt, painless and complete.—*Virginia Medical Semi-Monthly*.

MASSAGE IN FRACTURES.—In certain fractures, such as the patella, the olecranon, and the neck of the femur in old people, in which osseous union is not the rule, the early employ-

ment of passive movements and massage is of special value, and results are often specially prompt and satisfactory. In the case of the patella or olecranon, even after operative treatment, the early use of massage is valuable, and passive movements may be made with benefit at a much earlier date than is generally supposed, if made at right angles to the line of fracture, and of a very moderate extent at first.—*Medical Record.*

POST-OPERATIVE HERNIA.—Post-operative hernia is much more apt to occur after drainage of the abdominal wound. The kind of suture material employed has a definite influence in the formation of post-operative hernia; the method of closing the abdominal wound; the tension on the wound, as in cases with excess of omental fat; the length of time that the patient is kept in the recumbent position; the length of the incision.

There can be no question that post-operative hernia often occurs from the atonic condition of muscular tissue resulting from cutting off of the nerve supply—therefore, all abdominal incisions, not in or near the median line should be made, so far as practicable, parallel with and not transversely to the principal nerve branches.—*Medical and Surgical Era.*

VACCINATION IN LONDON.—Posters setting forth the importance of revaccination have been affixed by some of the authorities, and free vaccination is offered. Assistant vaccinators have been temporarily appointed, and one of them says he has been vaccinating about 300 a day for the last week. The middle classes are undergoing revaccination by their own doctors, and it is a common thing to meet men with a tape tied on their arm to signify it is still tender. If the anti-vacs have any perception, they must see that the masses prefer the temporary inconvenience of a sore arm to the risk of a loathsome disease, and the judgment of the profession to the prejudices of cranks.—*American Medicine.*

INFLUENCE OF ALCOHOLISM.—There are six times as many murders committed by persons between the ages of sixteen and twenty, as by adults between thirty and thirty-five. This fact is attributed to the progress of alcoholism. The study of the etiology of crime should lead legislators to take hygienic measures against alcoholism.—*Report of Congress of Crimnology.*

RELATIVE IMPORTANCE OF SYMPTOMS AS OBSERVED IN FORTY-SEVEN CASES OF STRANGULATED HERNIA IN INFANTS.—The relative importance of the symptoms is apparently in the order which might have been expected: (1) Tumor; (2) vomiting; (3) constipation; (4) difficulty in urination; (5) restlessness and apparent pain; (6) constitutional depression.—*Medical Record.*

PSYCHO-THERAPEUTICS.—Organic diseases, injuries, deformities and anomalies of development are quite different from functional maladies, however, and great danger exists where fanatics of new cults attempt to treat serious organic affliction with their ridiculous "faith cure" methods. As guardians of public and private health, we are willing to concede to the mind all the powers which modern scientific psychology warrants, but reason and judgment teaches us that however charitable and enthusiastic we may become about psycho-therapeutics, its field of usefulness is limited to the full power of the mind and ends there. Render unto the mind the things that are mental and psychic, and unto the body the things that are physical and material.—*Medical Sentinel.*

AN ALLOPATHIC VIEW OF PRESENT DAY TEACHING.—To my mind the subjects most neglected in all schools are *Materia Medica* and *Therapeutics*. The application of remedies to the treatment of diseased conditions is a matter of prime importance:—it has a dual interest—one to patient, the other to physician. Teachers give with the most minute detail the etiology and pathology of a disease, and dismiss with a few glittering generalities, the treatment. As a result there is growing up among us a class of medical nihilists who think

drugs well nigh useless. It has been said by some one that "it does not matter so much what you give as who gives it." From a commercial point of view this may be correct; but from the scientific standpoint it is lacking in every element of truth. From the latter view point it does matter who prescribes; it is easy to tell then what will be prescribed — it will be the remedy indicated at the particular time and in the concrete case. It will not be the physician who will turn to his shelves, where are arrayed an assortment of bottles variously labelled: "Rheumatic cure," "Cough mixture," "Heart tonic," "Mixed treatment" and the like. One may well ask the question: "Has prescribing become a lost art?" — *Dr. W. J. Gillette in Philadelphia Medical Journal.*

A NEW METHOD OF COUNTING THE WHITE CORPUSCLES has been devised by Kourloff (*Vratch*). It is a dry method and consists in drawing the blood into a graduated pipette, depositing a thin film on two cover-glasses, whose surface is measured by a network of lines. The white cells are then counted and the area measured by means of the movable stage and Ehrlich's diaphragm. This method allows the operator to work without haste and the results can be verified at any time. The writer asserts that he can count from 1,000 to 2,000 more white cells than by the Thoma-Zeiss cell, the dilutant in that method changing and destroying some white cells.—*American Monthly Microscopical Journal.*

ANCIENT HISTORY OF SERUM THERAPY.—In an ancient Hindoo work entitled "Sacteya Grautham," the following remarkable description of vaccination occurs: "Take the liquid of the pustules of the cow's teat or from the arm of a human being, between the shoulder and elbow; place it upon the point of a lancet and introduce it into the arm at the same place, mixing the fluid with the blood, the fever of Bhadvidee (variola) will be produced. This disease will be mild like the animal from which it is derived; it need not cause fear and requires no remedies; the patient may be given the food he desires. The pustule is perfect when it is of good color, filled with a clear liquid and surrounded by a red circle." — *St. Louis Medical Review.*



THE PROFESSOR'S HOMŒOPATHY.—Senator W. A. Clark, of Montana, tells a story on Professor N. R. Leonard, who for years was dean of the faculty of the Iowa State University, and who was called recently to the presidency of the Mining College at Butte, Mont. Senator Clark says that, though Montana is somewhat out of the circle of prohibition influences, it can now boast in President Leonard a rare apostle and advocate of temperance.

Not long ago Professor Leonard, feeling indisposed, consulted his physician, a German, very scientific and acknowledged as one of the leading men in his profession in Montana. The doctor advised Mr. Leonard to work less at the desk, exercise more outdoors and take beer as a tonic.

The Professor's labors were such that he felt that he could not devote fewer hours to them, but he concluded at last to try some beer, which he had never before tasted. He did not approve of it as a beverage, but as a medicine he felt justified in taking it, especially on the recommendation of so eminent a practitioner.

The doctor met his patient a few days later as he was leaving the college and stopped to inquire how he was feeling.

"About the same," replied the Professor.

"Did you take beer as I directed?" inquired the physician.

"Yes," responded the Professor. "I took it a few times, but it became so nauseous that I had to discontinue it."

"How much did you take?"

"Why, I bought a whole bottle and took a spoonful before each meal," answered the Professor.—*Philadelphia Post*.

A PROVING OF STANNUM MURIATICUM.—People have before now been poisoned by dye out of their footwear, but the *Klinike Rundschau* of Vienna cites a case of a young girl being poisoned through a pair of yellow silk stocking, the poison in this case having nothing to do with the coloring matter. Twice she took to her bed, and in each case the stockings were resumed as soon as she was convalescent. The stockings had been impregnated with a solution of chloride of tin with a view to increasing their weight and apparent value.—*Homœopathic World*.

TREATMENT OF ULCERATING MALIGNANT GROWTHS.—The method to which I wish to call your attention, and with which many of you are no doubt familiar, is the use of a homœopathic trituration of arsenic, giving the 3x internally, usually about three times a day, and applying the 2x locally, three to six times a week, according to the conditions.

It is advisable to cleanse the surface thoroughly with peroxide of hydrogen, then apply carbolized linseed oil freely over the raw surface and dust on the 2x trit., covering all ulcerating tissue. The carbolized oil is a preparation of one part pure carbolic acid in twenty parts linseed oil. It is recommended for cleansing and disinfecting purposes and helps hold the powder in place. In places where an outside dressing is required, after dusting on the powder cover with a layer of gauze, moistened with carbolized oil, and over this a layer of absorbent cotton held in place by adhesive straps.

Three cases of epithelioma have been apparently cured by this treatment.—*G. L. Van Deursen, M.D., in Medical Era.*

TEACH THE LAWS OF HEALTH.—The laws of health and the results of their violation should be freely communicated to the people, so that health officials may secure the cordial aid of the people in their prescribed labors. . . . .

The outlines of physiology and practical hygiene may be readily taught to the upper classes in our grammar schools, and a still more minute and thorough course should claim the scholar's attention, as he advances in years and in scholastic attainments, so that when he leaves the school, whether for professional or practical employment, he may be fitted to lend in an intelligent way a helping hand in whatever concerns the health of the community. In addition, these subjects should be frequently presented and discussed by competent persons as to their practical application in such bodies as the Economic League, and other similar associations in the community.

Give the people an opportunity to know something about themselves, and they will begin to take active measures against unwholesome food and drink and defective plumbing, improper ventilation and other health and life-destroying features, and they will not brook delay in the execution of all needed sanitary reforms.—*Nashville Journal of Medicine and Surgery.*

## COLLEGE, HOSPITAL AND LABORATORY NOTES.

THE report of the medical faculty of the New York University shows that over twenty-five hundred examinations of material were made in the pathological laboratory, during the past year, seven hundred of these being for Bellevue Hospital.

THE thirty-seventh annual report of the Boston City Hospital, just issued, states that 40,492 patients have been treated, an increase over last year of 2,241. These figures refer, of course, to the works of all departments. The number of accident cases received was 1210.

WE regret to record the closing of the Women's College of Medicine of Northwestern University owing to lack of patronage. It is claimed by some of the trustees that women are failures in medicine, by others, that there are no more failures among them than among the men. At all events they evidently prefer to study at coeducational institutions and colleges where they are represented on the faculty.

THE control of some of the New York city hospitals, namely, Bellevue, Gouverneur, Harlem, and Fordham hospitals, and the Emergency Hospital for Women, will pass from the Department of Charities on February 1 into the hands of a board of trustees appointed by the Mayor which, after that date, will have complete control of these hospitals. The board is to be known as the Board of Trustees of Bellevue and Allied Hospitals. It will consist of seven members, and the term of one of them will expire each year.

CHLOROFORM has been the favorite anesthetic at the St. Louis City Hospital during the past year, and was used in a large majority of cases. In some cases chloroform and ether were both used. Chloroform was used in 455 cases; chloroform and ether, in 17 cases.

BY the terms of the will of the late Mrs. Mary Stearns of Medford, the Massachusetts Homœopathic Hospital will receive \$10,000.

THE registration at Harvard Medical School shows a falling off this year to the extent of nearly one hundred admissions.

A STATE COLONY FOR THE INSANE is to be established in Gardner. Seven trustees have been appointed by the Governor, including two physicians, Dr. H. B. Howard of Boston and Dr. W. H. Baker of Lynn who will serve respectively five and three years. The trustees will be allowed \$50,000 for the project, while the State Board of Insanity will expend an additional \$25,000. The colony will be essentially a big farm, and patients will be transferred from the various insane hospitals as the State Board of Lunacy and Charity may direct.

IN HAYMARKET SQUARE, BOSTON, stands the fine, new, City Hospital relief station, now practically completed. On the first floor the front of the building is arranged for the administration offices and a general waiting-room. In the rear, so arranged to avoid all publicity, are five rooms for dressing surgical cases. Admission to these rooms will be had through the interior of the hospital and direct from the ambulance.

The second floor provides for two operating rooms for special surgical cases, a sterilizing room and three wardrooms for cases requiring serious operations and for persons seriously injured. On this floor also there are storerooms and a nurses' service room, and entirely cut off from the rest of the floor, a sitting room and two chambers for resident physicians.

The third floor will be devoted to a suite of rooms for the nurses, a kitchen, laundry and dining room for the employees. Even the roof can be covered over, and here patients suffering from sunstroke will be treated, and patients who cannot be moved to the City or some other hospital, but need more air than can be had in the wardrooms, will have cots placed under the canopy on the roof.

AN endowment of \$1,000,000 has been given by Mr. and Mrs. Harold McCormick, of Chicago, to found a medical institution which will be known as the memorial institute for infectious diseases.

OBITUARY.  
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DR. FRANCIS EDMUND BOERICKE, a prominent homœopathic pharmacist, died December 17, 1901, at his residence at 6386 Drexel road, Overbrook, Pa., aged 75 years. He had been an invalid for the last fifteen years.

Born in Glauchan, Saxony, in 1826, Francis Edmund Boericke came to this country during the Revolution of 1848, and made his home in Philadelphia. His father was a prominent manufacturer and exporter of woolen goods in Glauchan. Soon after his arrival here the young man obtained a position as bookkeeper with Plata, at Fourth and Chestnut Streets, a well known dry goods merchant and the Saxon Consul. Following this he became a partner in Andre's music store in Chestnut Street. In 1852 he joined the Church of the New Jerusalem, and opened a store where religious books were sold in Sixth Street, below Chestnut. A year later he was induced by Dr. Constantine Hering to turn his attention to the preparation of homœopathic medicines, and by his proficiency and industry soon gained the confidence of leading homœopaths in the country. In 1854 he married Miss Eliza Tafel, and in 1859 associated with himself in the pharmacy business as a partner, Adolph Tafel, his brother-in-law, who had retired from the Civil War with the rank of Major.

Dr. Boericke was graduated from the Hahnemann College in 1863. He received a scholarship and delivered lectures on pharmacy for some time. In 1864 he added to his business an establishment for publishing homœopathic works, and soon enlarged his trade by establishing branches throughout the country. In 1859 Major Tafel died, and after that the firm consisted of Dr. F. A. Boericke, and Adolph L. Tafel, sons of the original members.

Dr. Boericke is survived by his widow and nine children.

## PERSONAL AND GENERAL ITEMS.

DR. CHARLES T. HOWARD, formerly of Watertown, has opened an office at 160 Newbury Street, Boston, with office hours from 12.30 to 2 p. m.

DR. G. H. WILKINS has removed from Palmer to 59 Woodland Road, Auburndale, Mass.

Dr. H. C. CHENEY, until recently located at Newburyport, succeeds Dr. Wilkins in his practice at Palmer, Mass.

BEVERLY, MASS., wishes to pay the City Physician \$600, but the local members of the profession are reported to have agreed not to take the position for less than \$800. Twelve cents a call was the remunerative average compensation last year, it is claimed, and this is regarded as beneath acceptance, if not contempt.

THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY celebrates its fiftieth birthday with the issue of a January jubilee number which does its distinguished editors great credit. Drs. Packard and Rice of Boston are among the contributors. The North American holds an enviable place in homœopathic journalism, and has the esteem and goodwill of its contemporaries and the profession at large.

TO CHECK SMALLPOX IN PHILADELPHIA.—In future the authorities will not confine their efforts to fumigating only those houses in which smallpox has been discovered, but the precautionary measures will be extended to all adjoining buildings. Moreover, schoolhouses, seminaries, churches, halls and other public places will be disinfected. One hundred and fifty formaldehyde generators have been purchased, and an auxiliary corps of disinfectors organized.

SMALLPOX IN LONDON.—During the first week in January more than 750 cases of smallpox were under treatment in London. It is announced that the Metropolitan Asylums Board has ordered the erection of a new receiving station to cost \$130,000. A steamboat and 28 new ambulances have been purchased. The death rate of 349 completed cases was, of the vaccinated, 20 per cent., unvaccinated, 60 per cent.

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## ORIGINAL COMMUNICATIONS.

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### EDUCATIONAL TREATMENT OF THE FEEBLE-MINDED.

By WALTER E. FERNALD, M.D. Supt. Mass. School for Feeble-Minded.

[ Read before the Boston Homœopathic Medical Society, Feb. 6, 1902.]

I feel greatly honored by the invitation to address this society.

In the limited time at my disposal I can only touch upon some of the more important points concerning the educational treatment of the feeble-minded, after a brief consideration of the frequency, nature and varieties of feeble-mindedness.

The census of 1890 shows a total of 95,571 feeble-minded persons in the United States. It is certain that this enumeration did not include many cases where the parents were unwilling to admit the mental defect of their children or where the defect was not recognized. Over 3,000 were enumerated in this state alone. I am confident that if every case was included there would be at least two to every thousand of the population in this state.

Feeble-mindedness may be defined as "mental deficiency depending upon imperfect development or disease of the nervous system, occurring before, at, or after birth, previous to the evolution of the mental faculties." That is, a feeble-

minded person was born one or became one in early childhood. An insane person is one where the more or less developed mind is afterwards impaired or lost.

It was formerly believed that in many cases the defect was due to simple functional arrest of development of the mental faculties from unfavorable conditions similar to the aborted development of a plant when deprived of sun, air, water and other necessary conditions, and that, under proper environment, with appropriate training, the retarded processes might be so stimulated as to practically make up the deficiency.

With the increase of our knowledge of physiology and pathology, it is now believed that the mental deficiency generally, if not always, is the result of definite cerebral abnormality or defect, or the result of actual disease or damage to some part of the central nervous system.

There may be absence, deficiency, or excess of certain brain tissues, or convolutions, perhaps a hardening or softening of certain areas, or even a cavity resulting from destructive disease of some portion of the brain. In other cases the microscope may show that the ultimate brain cells are few in number, incomplete in structure, or perhaps are not properly connected with other cells or groups of cells.

In a certain sense each area of the cortex, the grey matter of the brain, probably has a certain definite function. We know, for instance, the exact localization of the brain centres presiding over the movements of the various parts of the body, the senses of sight, hearing, smell, etc. But memory, attention, volition, and the reasoning power, have never been definitely localized. Indeed it is now believed that the higher intellectual processes are the result of exceedingly complex association and combination of perhaps widely separated cortical cells or groups of cells, and that the mental capacity of a given individual depends largely upon his relative ability to make these combinations. Thus mental lack may depend upon absence of brain cells, inferior, damaged or undeveloped cells, or incompleteness or disease of the indescribably deli-



cate and intricate association fibres that bind together the different parts of the brain.

These causative pathological conditions may have their origin early in fetal life, or may occur at birth or in early childhood. The period when they occur, the nature and extent of the abnormality, determine the nature and degree of the resulting mental deficiency and the possibilities of improvement.

It is evident that mental deficiency resulting from incurable organic defect, or disease, is practically a permanent condition. In the light of our present knowledge, no idiot or really feeble-minded person ever was or can be entirely "cured." It is a question of how much improvement is possible in a given case.

In a large school or institution with pupils of every degree of mental defect, from the profound idiot unable to walk, or to speak, helpless and untidy, to the good looking boy or girl only slightly below the normal standard of intelligence, with cases illustrating every degree of deficiency between these extremes, it is obvious the indications for training and treatment must vary in like ratio.

While the various schemes of classification are interesting and important from a purely scientific standpoint, the practical assignment of our pupils into the various grades and classes for care and training is quite a simple matter, and can generally be accurately determined by the relative condition of the personal habits as to cleanliness or otherwise, the degree of muscular control present, as shown by the ability to walk or to use the hands, etc., and the ability to intelligently understand or use spoken language.

Nearly all these children have a complete, though feeble, outline of all the human faculties. It is a difference of degree and not of kind. Nearly all of these faculties can be more or less educated and developed by exercise.

After studying large numbers of these idiotic and feeble-minded persons, it is soon seen that idiocy in many, if not in

most cases, is not simply a deficiency of brain power, but a more or less pronounced affection of the whole organism. To a trained observer the average feeble-minded person presents marked evidence of physical as well as mental deterioration or degeneracy — and these abnormalities of structure and function, or excessive variation from the normal type, are quite as constant and pronounced and are almost as much a test of mental feebleness as the mental defect itself.

Defective motor ability is common to all grades and at all ages. It is difficult for them to do anything calling for precise muscular movements. Almost without exception they learn to walk much later than normal, say at two, three, or even four or five years of age. The gait of a feeble-minded person is apt to be awkward and shambling. The higher grade cases show this muscular incoördination by their awkward walk and blundering ways, their difficulty in threading a needle or catching a ball, or in performing any other sequence of movements requiring precise muscular coördination. The lower grade cases manifest this defect by being unable to walk, or perhaps only to run, to put on or take off their garments, to button their shoes or to tie their shoe strings.

Feeble-minded children are prone to indolence. This no doubt is largely due to the faulty innervation and the fact that they fatigue easily. Delayed or imperfect speech or even entire absence of spoken language is another pretty constant feature. They may speak their first word at three, four, or five years. After the age of six they seldom learn to talk. The lack of speech is generally the simple expression of the mental condition. They may have no definite ideas to express, and, consequently, no words are necessary.

Aside from the direct results of the mental dullness, the speech defect may be variously due to defect of the auditory sense organs, the word hearing center, the word comprehending center, the motor speech center, the vocal organs themselves, or some of the connecting fibres between two or more

of these regions. That is, the difficulty may exist in the receptive or the emissive speech mechanism. Any part of this physical basis of speech may be affected and the result will depend upon what part of the mechanism is impaired. He may be able to understand but not to talk, or he may understand nothing which is said. If the word comprehending center is undeveloped, the intellect will be much impaired. A defect in the emissive speech mechanism is not so serious as regards intelligence as one in the receptive, for idiots of considerable intelligence may not be able to talk at all, while others very inferior may speak with readiness. The development of language and intelligence is not always parallel, as normal children begin to talk at widely varying ages. At the same time, in the majority of cases, the child's ability to correctly use spoken language is a pretty fair test of his mental ability. It is safe to assume that a child of six years of age, without deafness or defect of the vocal organs, who cannot talk, is actually feeble-minded. Even the higher grade cases are conspicuous for their scanty vocabulary and their imperfect and faulty speech. They are apt to omit the articles and connecting words and to shorten words to one syllable. The delayed and imperfect speech impresses the parent more than any other evidence of feeble mind. They insist that if the child could be made to talk, he would be like other children.

The special senses are more or less defective or undeveloped, although it is not easy to distinguish between sensorial defect and dullness of attention and perception.

Various evidences of physical inferiority or degeneracy are found to a greater or less extent in nearly every case of mental defect. Not that all of these abnormalities are found in any one individual or that every feeble-minded person exhibits a majority of these defects. As a rule, however, if the mental feebleness is at all pronounced, it is generally found that the child did not take notice at the usual age; that he did not learn to walk until he was two or three years old; that his teeth are more or less decayed and did not appear at

the proper time ; that his muscular movements generally are clumsy and uncertain ; and that he presents one or more cranial or facial abnormalities. And in a general way there is a pretty constant ratio between the mental lack and the degree of physical inferiority.

In the great majority of cases *class work* with these pupils is far more satisfactory and successful than individual training. The pupil seems to quickly tire of instruction aimed at him alone. The power of attention, always weak, flags under the inevitable monotony. The child has nothing to awaken the spirit of emulation or sympathy. All of our pupils are classified into well defined grades. In forming classes, age is no test. The big are classed with the little, and the young with the old. There is a regular progression from the lowest to the highest grades, and pupils are promoted as soon as they are qualified.

Under the best conditions, attempts to educate the feeble-minded under home influences are not very satisfactory. The influence of the mother under the same roof is usually a hindrance to the child's advancement.

Parents often fear that the development of their child will be retarded by association with other feeble-minded children. This is not so in practice. It is a real advantage to the child to escape from the feeling of inferiority always shown and felt in his contact with normal children, and for the first time to associate with his peers, whom he understands and who understand him.

Special training is most successful when it begins at the age of six or seven. The modern methods of teaching and training the feeble-minded are based upon a full recognition and appreciation of the physical conditions which cause and accompany the mental dullness. The first indication is to put the child in the best possible physical condition by seeing that he has the most nourishing food, regular outdoor exercise, bathing, ample sleep, and careful attention to the bodily functions and habits. The mental awakening resulting

from an improved state of nutrition and bodily vigor alone is often quite marked.

One of the most troublesome features in the care of these low grade cases is the frequency of untidy personal habits. They keep up the infantile habit of voiding urine and feces whenever the desire is felt. The bladder and rectum have not been trained to periodical retention and discharge under the control of the volition. This may be due to dullness of sensation, lack of will power, general atony of the muscular apparatus, especially of the sphincters and hollow muscles, or to other causes. In many cases the indolence of the child is a potent factor. We must cause the child to lose the habit of being untidy and to acquire the habit of being cleanly and decent. The general raising of the physiological standard, both mentally and physically, which results from the regulation of the diet, the careful bathing, the outdoor exercise, and the physical and other training, often correct the untidy habits without special treatment. In the way of special training, the first thing is to accustom the child to being habitually dry and clean. Whenever he wets or soils his clothing or bedding, he should at once be bathed and dressed with clean, dry garments. He soon learns that this adds greatly to his comfort.

These untidy children are regularly detailed in squads for duty in the toilet room, the first thing after rising in the morning, the last thing before going to bed at night, and at regular and stated intervals during the day. The night attendant has a list of the cases who are to be taken up once, twice, or oftener during the night. They are kept in the toilet room from twenty to thirty minutes or more each time, and they soon learn that they are expected to accomplish the desired result before they are allowed to return to the ward. We have found that the constant access to the closet does not accomplish the same results as the periodical "excusing," as it is called. This method, patiently and thoroughly carried out in conjunction with the other training, generally produces very satisfactory results.

With the feeble-minded, the badly nourished body, the sluggish special senses, the inert muscular system, feeble power of attention and observation, the dull perception, weak will power and almost absent power of judging and reasoning, delay and prevent natural mental development. Control of the body and its functions and familiarity with the simple properties of matter and force which a normal child seems to acquire most intuitively, can only be gained by the feeble-minded after quite a process of training.

In many, if not most cases, it is evident that the instruction must begin on a much lower plane than with the lowest classes in the public schools. It must begin with what the child already knows, and the successive steps should be made very gradual and progressive. The physiological education of the senses and the training of the muscles to directed, accurate response, must precede and prepare the way for so-called intellectual training. The intelligent use of these senses is the basis of all knowledge. The inactive special senses, the obstructed avenues of approach to the central intelligence, must be opened up by a series of carefully arranged sensorial gymnastics.

The sense of touch, for instance, is developed by blindfolding the child and placing his hand on substances that are rough, smooth, soft, hard, hot, cold, round, square, small, large, wet, dry, sticky, etc. ; he is also caused to touch familiar things, as a spoon, cup, hat, an apple, ice, etc. Contrasting qualities are presented, as a large ball and a small one, heat and cold, rough and smooth, etc. At first we simply wish him to notice the different tactile sensations produced by these contrasts and to give him a wide experience in the mere appreciation of the different impressions. Gradually, the exercise is extended and he is asked to select by the sense of touch alone, the spoon, ball, apple, etc., from the other objects. Then he is told the names of the different qualities, and later asked to select something soft, smooth, cold, etc. New and less familiar objects are presented to him and he is

asked to describe or to name them. Given a certain object, he is asked to name other things which feel like it.

The senses of sight, hearing, smell and taste are systematically isolated, exercised, and trained in the same general way. At first vivid colors, loud sounds, strong odors and pronounced flavors are presented in deep contrast, to arouse the unused sense organs and the corresponding brain cells. Afterwards they are taught to appreciate and differentiate slight differences and resemblances, and to make practical application of the newly acquired capacity. The senses are developed first as functions and then as faculties.

When a child is made to feel, see, hear, smell or taste, he is compelled to use the part of the brain presiding over these functions. After the cells of these areas have been stimulated many times, they acquire the power of reproducing these sensations in the form of ideas which are analyzed, compared, and finally become a part of thought. Nerve cells grow and develop through nutrition and functional activity. It is an axiom in physiology that proper use of a part develops and strengthens it, and that disuse causes weakness and atrophy. Sensorial impressions are the fundamental and normal stimuli of all brain cells, and such impressions are absolutely necessary in order to secure the structural and functional evolution of these cells and their connections, essential to any sort of intellectual power.

To appreciate slight differences in color, form, touch, sound, smell, or taste, the child must to a certain extent be attentive, he must observe, he must discriminate and judge, in fact you have compelled him to think. The ultimate aim of these exercises is to train the child to acquire knowledge from sensations.

Next in importance to the sense drill comes the discipline of the muscles, not only for muscular growth and practical coördination, but with reference to the now well recognized relation of thought to muscular movement. These children are so dull mentally and have so little motor ability that at

first it is not easy to interest them in formal gymnastic exercises. The doing of simple movements incidental to the common play and occupations of childhood, are better adapted to their capacity and tastes. They are taught to kick a football, to throw a hand ball, jump a rope, to run races, to wheel a barrow, to use an axe, hammer, or shovel, and in general to perform large movements calling for the natural use of the various parts of the body, and involving the uses of the fundamental muscles.

The well known fact that feeble-minded children are pleasantly aroused and stimulated by music, and the fact that they are prone to imitate even habits or actions which they do not at all understand, can be directly applied in the way of practical physical training. A noisy, unruly group of very low grade children can be got to march in line and more or less in step for a long time to the music of a piano or the beat of a drum, showing real interest and pleasure. Children will do this who have previously shown little idea of precision, either of mind or body. This orderly marching can be gradually made more complicated, single file, double file, slower, faster, then walking on tiptoe, jumping over hurdles, etc., all to strongly accented music, and all in imitation of the teacher or skillful leader. These movements call for the natural use of the various parts of the body, the doing of common things, etc. Then the teacher stands before the class and performs certain movements, calling upon the class to imitate her. At first we help the child to use his volition with reference to a very simple muscular movement. By degrees we can bring his will to bear upon combined movements requiring the use of a more complicated muscular apparatus. In these early lessons the child's consciousness becomes more active and he learns, perhaps for the first time, *to will to do* certain definite things. His wandering power of attention, observation and comprehension, and his feeble will, are aroused and strengthened by the combined influences of the music, the spoken command and the action performed before him. He learns



to see what he looks at, to hear, to understand, to obey, and *to do*.

After the connection between the spoken command and the desired movement is thoroughly understood, the teacher omits the action and the class perform it from dictation alone without the music. This is a much more complicated process than the imitative drill. The child must be closely attentive, he must hear and understand the command, he must will to do the action, he must send out the correct nervous impulse to move certain groups of muscles in a definite manner.

What has been said of physical training in general applies with special force to the training of the finely coördinated muscles of the finger, hand, and forearm. There is a very intimate relation between what a feeble-minded child *knows* and what he can do with his hands. And inversely, mental development is almost always preceded by, and proportionate to, increase in manual dexterity. Hand training in great variety forms an important part of the daily exercise of every pupil, according to his ability. The lower grade pupils are taught to pick up pins or marbles, catch a ball, to button or unbutton garments, to tie a knot, etc. The work done by the more advanced pupils in technical manual training, compares very favorably with that done by pupils in the public schools. The mental discipline, and the hand and eye training resulting from the accurate doing, could not be obtained in any other way.

The feeble-minded of all grades have a very imperfect command of spoken language. As the child's special senses are developed and his general intelligence increased, his command of words is apt to increase as fast as do the ideas he wishes to express. The methods of teaching the child to talk are the same as are unconsciously used with normal children. Names of things, of persons, of favorite toys, of familiar objects, are acquired first. The most familiar objects, perhaps a lifelike toy dog, or a horse, a ball, or a cat, are shown a class. They become interested, and the teacher says, "This

is a *dog*," repeating the words many times, allowing the pupils to watch the movements of the lips and tongue as closely as possible. Soon the child associates the sound of the spoken word with the object itself, as he perhaps would never do in the infrequent and casual use of the word at home. After the sound of the word is recognized the class are asked to name the object, the children being placed in a small circle so that they can see each other's lips and faces. One after another the class may learn to pronounce the word. Then another object and word are used in the same way, always taking an object of interest to the child. After *names* of things are acquired, descriptive and action words are introduced in the same way. These lessons are disguised as play, and are really very interesting to the children. Much tact and patience on the part of the teacher are required, but the final results are well worth the effort.

The extraordinary fondness of the feeble-minded of all grades for music, has already been mentioned. In the school exercises and other assemblies, children who cannot speak six words distinctly, will sing or hum song after song in fairly perfect time and tune, approximating the correct pronunciation of the words as they are able. They undoubtedly acquire the use of many new words in this way. We have taken advantage of this by arranging a series of musical articulation exercises, taking many of these same familiar melodies and substituting for the usual words of the songs, the different vocal sounds of our language.

The common properties, qualities, varieties, sources and uses of familiar things are taught them successfully only by exhibiting actual samples of the fabrics, food products, metals, etc., and allowing them to see, feel, smell or taste for themselves. We have a very comprehensive collection of these objects; also, many miniature utensils and implements, articles of furniture, vehicles, life-like models of animals, etc., for daily observation and study. These are supplemented by many large, bright colored pictures and graphic charts, cov-

ering the same ground, for comparison with the actual objects. This object teaching, or practical instruction in every day matters, is one of the most necessary and valuable parts of our school work. Memory exercises are of little benefit to the feeble-minded. They do not *study* as normal children are supposed to do. "The mentally feeble child is specially incapable of comprehending abstractions; all instruction, therefore, must be presented in concrete form which he can not only see or hear, but when possible grasp in the *hand* as well as in the mind."

The instruction of the higher grade children in the school rooms proper, does not essentially differ from that now given in the lower grades of the public schools. The graphic and attractive methods of the "new education," now so fully appreciated and adopted in the early training of normal children, are especially adapted to the education of the feeble-minded. Object teaching has a wide application in the teaching of pupils of every grade. Boys and girls of twelve or fourteen, who have been in the public schools for years, and who have not been able to distinguish or remember the names of the arbitrary characters that we call the alphabet, after their power of attention and observation has been properly cultivated, may soon learn to recognize the word "horse" when they see it in large letters pinned on a picture or model of a horse, and so on with other words. We generally expect these higher grade cases to learn to read and spell, and perhaps they go as far as the Third or Fourth Reader.

They can be taught to write, and tell time by the clock. In geography, as a rule, they understand only what can be shown them from the school room windows or graphically illustrated in a sand garden, or shown them in a picture. In arithmetic they are dull. It is almost impossible to give them much of an idea of number in the abstract. All number lessons are worked out with actual objects, such as buttons, pins, blocks, etc. They may learn to count consecutively, but few can practically compute above ten. A boy who cannot tell

you how many 5 and 5 are, will slowly count out 5 blocks, and then another 5 blocks, and placing them together will laboriously count them all, probably keeping tally on his fingers, and at last triumphantly give you the correct answer. The brightest may learn to add, subtract and multiply, but division is usually beyond them.

Education, as applied to the development of these feeble-minded children, is now understood in the broadest sense, not as mere intellectual training, but as uniform cultivation of the whole being, physically, mentally, and morally. The end and aim of all our teaching and training is to make the child helpful to himself and useful to others. As compared with the education of normal children, it is a difference of degree, and not of kind. With these feeble-minded children the instruction must begin on a lower plane; the progress is slower and the pupil cannot be carried so far.

These principles of physiological training of the senses and faculties, of exercising and developing the power of attention, perception and judgment by teaching the qualities and properties of concrete objects, instead of expecting the child to absorb ready-made knowledge from books, of progressively training the eye, the hand, and the ear,—these were the methods formulated by Seguin, and elaborated and applied by Richards, Wilbur and Howe, years before the era of the kindergarten and the dawn of the new education. It would be difficult to properly estimate the influence of these original and successful methods of instructing the feeble-minded in suggesting and shaping the radical changes that have been made in the methods of modern primary teaching of normal children.

## **HORDEOLUM AND CHALAZION : A DIFFERENTIATION.**

By J. M. HINSON, M.D.

[ Read before the Boston Homœopathic Medical Society.]

In considering these conditions it is essential that we have a general idea of the anatomy of the eyelid. If we make a section of the upper lid at right angles to its long axis, we shall find it consists of four layers :

1. Skin.
2. Orbicularis muscles.
3. The tarsus, a dense plate of connective tissue, wrongly termed the tarsal cartilage, and the septum orbitale, which connects the inner edge with the wall of the orbit.
4. The conjunctiva.

Between the layers enumerated, toward the free edge of the lid, there is very little connective tissue. This fact accounts for the minimum amount of swelling, and the intense pain, sometimes associated with inflammatory processes in this region. Beyond the inner edge of the tarsal cartilage, so called, and on either side of the membrane connecting it with the orbital wall, there is a large amount of connective tissue. This permits of the excessive edema, which at times causes total closure of the eyelids in very trifling inflammatory or traumatic conditions. Patients will often present themselves with an eye bandaged. On removing bandages you will find the eye completely closed, and the upper lid bulging so that it will overlap the commissure of the lids. Visions of some startling calamity present themselves. On further investigation the case proves to be nothing more than a simple hordeolum, usually situated toward the nasal end of lid.

At the lid edge most anteriorly, we have the hair follicles containing the roots of the lashes. Of these there are two or three rows. There are also some sebaceous and modified sweat glands. Between the conjunctiva and tarsal cartilage, and imbedded on the under surface of the tarsus, we have the meibomian glands and their ducts. On everting the lid they

may be distinctly seen extending inward at right angles to lid edge. It is to the hair follicles and meibomian glands that our attention is directed. We have found that the hair follicles lie on the anterior portion of the lid edge, while the meibomian glands and ducts are situated at the posterior or inner edge, being separated from the hair follicles by the tarsus. From this we see that hordeolum occurs above the tarsal cartilage and chalazion beneath it.

A hordeolum is a circumscribed, purulent inflammation of a hair follicle and surrounding connective tissue. A chalazion is not, as was once thought, a mere retention cyst, but has its origin in an inflammation of the gland and connective tissue around it. Its contents are gelatinous, and in the later stages may become purulent. The process consists of a hyperplasia of epithelium, proliferation of connective tissue, and retention of secretion.

Hordeolum runs an acute course and is of short duration. The inflammatory symptoms are pain, swelling, and frequently marked edema of the surrounding tissues, and increase in local temperature. A chalazion is slow of growth and of long duration, and is characterized by absence of pain, edema, and increase of temperature.

In hordeolum the swelling is uniform, and involves the lid edge. Chalazion, when of any size, is apt to be irregular in outline, if not lobulated. It is situated as a rule above the lid edge. If very close to, or involving the lid edge, we can still make out a line of demarcation between the growth and edge of lid.

The skin does not move over a hordeolum. Over a chalazion the skin moves freely except in some few cases where inflammatory adhesions have taken place between the growth and the skin.

On everting the lid, with hordeolum you will find an even, diffuse congestion of the conjunctiva; with chalazion there will be a distinctive bluish, or bluish yellow area, usually ele-

vated, lying over the seat of chalazion. This condition of the conjunctiva is distinctive of chalazion.

**Causes :** The causes of chalazion and hordeolum are essentially the same, namely, vitiated conditions of the system ; refractive errors. They are analogous in that they are apt to be multiple, or at least recurrent. There is one other condition which you might mistake for chalazion, and that is various *small* tumors, cysts, calcareous and fibrous. These, however, are freely movable, occasion no pain, and are very slow of development, nor do they have the condition of the conjunctiva spoken of under chalazion.

**Treatment :** The treatment in all these conditions is essentially surgical. Possibly in hordeolum cold may be of use early to abort, later hot applications to hasten pointing, but I think when the swelling is distinctly localized, a deep incision will relieve the congestion, and consequent pressure and pain, then follow by hot compresses. When possible the incision should be made from lid edge upward and inward.

Chalazion should be opened from the conjunctival surface and the cavity thoroughly curetted. The cut may be crucial, but preferably at right angles to the lid edge, and parallel with the meibomian ducts. In cases where breaking down of chalazion has taken place, and the skin is very thin, it is advisable to open from the skin surface, as it would probably puncture or slough anyway.

The other classes of tumors should be removed from the skin surface.

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## LACERATED WOUND OF ABDOMEN, CLINICAL CASE.

BY A. K. P. HARVEY, M.D.

[ Reported to the Mass. Surgical and Gynecological Society, Dec., 1901 ].

I will relate a case, interesting, because it shows what nature will often do if let alone. The case was seen a few days after the accident, and was that of a farmer's wife who had

been gored by a young heifer. The horn entered the abdominal cavity just above the pubes, making a V-shaped wound extending nearly to the umbilicus. When I saw her the temperature was  $105^{\circ}$ ; pulse difficult to count; the abdomen enormously distended; the patient semi-conscious, and in a generally bad way. The attending physicians had seen her in the morning, and had appointed a post-mortem for the afternoon. The abdomen had been closed with two lines of sutures without drainage.

I decided to open the wound at once and drain. On removing the first series of stitches, there was found an enormous mass of gangrenous cellular tissue and fat, which emitted an odor so intense that it had been noticed when I was driving into the yard. In clearing out the wound a piece of gauze six inches square was found, two quarts of pus, and a pint of fecal matter, the latter still discharging through a large fistula in a coil of the ilium. The wound gaped widely, exposing to view the womb, bladder and several coils of intestine. The wound was thoroughly cleansed with a strong solution of permanganate of potash, and packed with gauze saturated in the same solution.

There was a fecal discharge through the wound, which ceased the ninth day. The temperature was normal after the fourth day, the wound healed perfectly by granulation, and the woman resumed her household duties the ninth week. The case was left entirely to natural processes, for any attempt at reparative work would undoubtedly have proved fatal.



## EDITORIALLY SPEAKING.

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Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 10th of the month preceding*.

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### PRESENT TENDENCIES.

Some time since appeared in a leading journal a valuable and interesting article, in which was made a plea for the simple remedy in prescribing as against polypharmacy. We commented on the article somewhat at the time, and on the fact that perhaps the most advanced of present journals of regular medicine published a plea which had been accepted by homœopathists since the time of Hahnemann. In a private correspondence with the author we have been accused of "waving the red flag," which was the farthest from our intention, our only aim being to show that the older school of medicine does move a little therapeutically, and that truth is truth and must and will eventually prevail.

It is, however, as astonishing as it is deplorable, that while our friends of the older faith are approaching the lux medicorum, there seems to be undoubted evidence that some of the faithful are relapsing into darkness. We learn from a prominent homœopathic pharmacy, that of the yearly output of tablets for the past year, 18 3-4 per cent. of those sold were "combination tablets, or those containing more than one drug.

We have heard those who laid the blame for this at the door of the pharmacist, to the effect that if combination tablets were not made and offered for sale they would not be used so much. By no means, if there were no demand they would never be made. We venture the assertion that a mixed tablet, or pill, or pellet, or what-not, was practically unknown in a homœopathic pharmacy fifteen years ago. Oh! no. The trouble is with the doctor, he is too busy or too lazy to study up the single indicated remedy in the majority of the cases.

All of which means that many allopaths prescribe homœopathic remedies in the single dose, and not a few homœopaths indulge in polypharmacy. Whither does it tend ? Quien Sabe !

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### IMPORTANT LEGISLATION.

A circular from our New York friends tells of important legislation pending in that state concerning the care of the insane. If we comprehend the matter it is proposed to do away with the boards of trustees of the various institutions ( or what corresponds to trustees in that state ) and vest the whole management of all the institutions in a lunacy commission of three, each, however, to have a board of visitors appointed by the Governor.

Our friends in New York are much exercised lest this imperil the perpetuity of these institutions under homœopathic care. Whether such a change would do this or not we cannot say, undoubtedly it might cause more or less annoyance and friction, but aside from that aspect, we believe it to be poor legislation. It places altogether too much power in a small commission. It would naturally result in uniformity, may be urged, but if so, possibly uniformly *bad*, as was the case not many years ago with all our insane institutions. Such legislation does away with any spirit of emulation between the management of the different institutions, whereby often good results are obtained both as regards economy of administration and achievement of best results for the patient. As it is at present, every board of trustees is anxious that the institution under its charge should be the best possible, and that too at the least expenditure of money, while under a single state board of three a dead level of mediocrity is about all that could be expected, and should those three fall under the category of "political" appointments, Heaven help the institution. A board of visitors would be of value, *suggestively*, no doubt, but if without power their influence can only be advisory. Altogether, we believe it to be backward legislation.

## SOCIETY REPORTS.

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### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

#### BUSINESS SESSION.

The regular meeting of the Society was held at the Isaac Rich Hall, Boston University Law School, Ashburton Place, Boston, Thursday evening, Feb. 6, 1902, at eight o'clock, the President, Frank E. Allard, M.D., in the chair.

The records of the last meeting were read and accepted.

Gilbert McC. Mason, M.D., 208 Neponset Avenue, Dorchester, was proposed for membership.

The following physicians were elected members of the Society : John Sproull, 330 Washington Street, Haverhill, and Eliza T. Ransom, 439 Talbot Avenue, Dorchester.

The resignations of A. L. Kennedy, M.D., and Florella Estes, M.D., both of Boston, were read and accepted.

The President called attention to an Amendment to the Constitution, a copy of which had been mailed to each member with the programme, stating that according to custom it would be laid on the table until the next meeting.

The President also stated that the Executive Committee deemed it wise to make a change in the place of meeting, because there had been considerable complaint that the College was not accessible from the suburbs. The Isaac Rich Hall could be secured for \$10 an evening, Chickering Hall for \$8, and a hall on Tremont Street for \$8, and the views of the Society were desired as to whether another place of meeting be secured, or the meetings be held at the College as heretofore.

After discussion of the above mentioned places, it was voted to leave the choice of a place in which to hold the next meeting to the Executive Committee.

The President appointed T. Morris Strong, M.D., a member of the Standing Committee on Legislature for four years. The committee for the ensuing year is as follows: Drs. T. M. Strong, four years; S. H. Calderwood, three years; John L. Coffin, two years, and Frederick W. Halsey, one year.

Dr. J. P. Sutherland read the following memorial and asked that it be passed to those present for their signatures :

*To the Chairman of the Committee on Public Health :*

The subscribers, practising physicians, members of the local and state homœopathic societies of Massachusetts, are desirous of putting themselves on record as having confidence in vaccination, properly performed, as the one and only method of preventing the spread of an epidemic of smallpox, and of eradicating the disease from any community ; and as being opposed to any modification of our existing laws which will tend to make them less stringent.

Dr. Strong, for the Standing Committee on Legislation, reported that the Committee on Public Health had held a hearing in regard to the doing away with the compulsory vaccination act. The matter was left in the hands of the committee.

There are two or three other matters to come up during the session, concerning which the Committee on Public Health may desire to make a preliminary examination. One is aimed at the Board of Registration. The petitioners want to strike out the last line of section 9. Section 9 is the section which attempts to state what constitutes the practice of medicine. The desire is to do away with this section, and this move must be met by the profession, and not the Board of Registration in Medicine.

The old anti-vivisection question is again coming up for consideration. Its supporters seek to obtain their object through the M. S. P. C. A., their bill giving to an agent of that society the right to enter the laboratory of any regularly licensed school.

Often at these hearings it is asked, whom do you represent ? and this is the reason I ask for instructions or power from the society in regular session.

Dr. Coffin : I move that the committee be authorized to oppose any change in the laws regarding registration and vaccination which would tend to make them less stringent.

Carried.

## SCIENTIFIC SESSION.

Photographs of cases of smallpox were exhibited.

REPORT OF THE SECTION OF MENTAL AND NERVOUS DISEASES.  
*Frank E. Allard, M.D., Chairman; C. V. Wentworth, M.D.,  
Secretary; G. E. Hoffses, M.D., Treasurer.*

The President appointed the following committee to nominate sectional officers for the ensuing year: Drs. J. Arnold Rockwell, Jr., F. P. Batchelder, and F. L. Emerson. The committee reported as follows: Chairman, Edward E. Allen, M.D.; Secretary, J. H. Urich, M.D.; Treasurer, Lucy C. Hill, M.D., who were duly elected.

Dr. Strong: I want to state that the reason Dr. Allard is chairman of the section is because he helped out the president and secretary, when the chairman, previously appointed, refused to serve. Dr. Allard did not know of this until last December, when he kindly stepped in to the breach.

## PROGRAMME.

1. "Educational Treatment of the Feeble-Minded." Walter E. Fernald, M.D., Superintendent Massachusetts School for Feeble-Minded.\*

Discussion opened by George S. Adams, M.D., Superintendent Westboro Insane Hospital.

2. "Educational Treatment of Nervous Diseases." Frank C. Richardson, M.D.

Discussion opened by Edward P. Colby, M.D.

Dr. George S. Adams: I have enjoyed Dr. Fernald's paper very much, but can give you no information regarding the education of the feeble-minded. Among the insane there are cases corresponding to a degree to the feeble-minded, but not so extreme, which require similar treatment and methods. Something has been done for the education of these persons in some institutions. When a person has passed through a period of acute excitement and does not recover, there is a deterioration of brain cells and that person is what I call demented. It is sometimes very slight, sometimes extreme.

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\* [See page 97 of this number of the GAZETTE.]

All such cases drift into a listless condition of indifference with which it is hard to know how to deal, and caring for them out-doors is the best means of bringing about a healthy mental state, because the brain can be educated to do certain things. The amount of money appropriated by the state is limited, and after what must be done for the acute cases has been done, the amount that is left to care for the others is only sufficient to keep them clean, care for their bodily wants and teach them to work, with the ordinary attention that the nurses can give. Something more than this must be done in educating these cases, and to do this it is necessary to give an amount of attention that cannot be given in these institutions, because it costs too much and they must be classified.

Some years ago I visited the insane department of the Philadelphia almshouse, where the ladies of Philadelphia had taken a great interest in the demented women, and by giving them constant care and attention they had succeeded in obtaining fine specimens of needle work. The men had made some progress in sloyd work. If that work had been left for the paid employees to do, it simply would not have been done, because the funds would not admit of it. It has been contended that education is wholesome for certain cases of melancholia, and some institutions have schools where these cases are put into classes and taught. I think in New York they still conduct such classes.

Miss Leavitt, of New York, teacher of lip reading to the deaf, gave a brief account of Miss Warren's method, which, though characterized by simplicity, is scientific. By the old system different positions were associated with different letters, which was misleading, but Miss Warren had reduced the forty different positions to sixteen. It should be remembered that the more naturally a person speaks the better a deaf person can hear. It is a mistake to think the deaf like to be isolated. Whoever thinks the deaf are pleased to be so isolated, little realizes their discomfort.

2. "Educational Treatment of Nervous Diseases."

Dr. Richardson considers that nerves depend for growth on

muscular movement, which is furnished by progressive development of the muscles by exercise. To be of any advantage the exercises must be kept up with regularity.

Dr. Colby : The subject of education of brain centres, their greater or less development, their departmental use, their alteration in disease, and the possibilities of improvement, have been brought before you tonight, and so interestingly by all the speakers, that I hardly think I can say anything further.

As regards the education of functional nerves in nervous diseases, advocated by Dr. Richardson in neurasthenia, there are none of us but would agree with him, provided we give such patients a dose of bed first and after that nourishment, supplying them with an abundance of adipose tissue, if possible, and renewing the supply of fresh blood. Then we may apply the treatment of exercise, educational or not, but it should not be carried to excess. I fear that some, carried away with a desire to experiment on neurasthenic patients, will try exercise to the extent of inducing fatigue.

Dr. J. P. Sutherland : I have nothing more to say, except that I have enjoyed the paper very much, and that it has impressed upon my mind the importance of embryological study. My mind has been going over again the development of the brain and its functions, and I will only say we should study its embryology more carefully.

Dr. Batchelder : One point I would mention, that is, that during the growing period the child is more susceptible to treatment, while it is hard for the person of twenty-five or thirty years to acquire new habits. There is also the point that Dr. Colby has brought out so distinctly, that some of our neurasthenic patients are actually suffering from brain theories and fads.

Adjourned at 10 o'clock.

H. O. SPALDING, *Secretary*.

**SOCIETY MEETING AT SPRINGFIELD, MASS.**

The Homœopathic Medical Society of Western Massachusetts proposes to celebrate its twenty-fifth anniversary, Wednesday, March 19, 1902, at Cooleys Hotel, Springfield, at 11.30 a. m.

After a brief business session the bureau of surgery, under the direction of Dr. Frank A. Woods, will report. Some of the most noted surgeons of our school are expected to present papers.

Following the scientific session will be a banquet to which ladies and friends of homœopathy are especially invited. Dr. J. P. Rand will act as toastmaster, and a most entertaining programme is already assured.

The physicians of Western Massachusetts will be glad to welcome every reader of the GAZETTE on this occasion. Trains leaving Boston at 9 and 10.45 a. m., will reach Springfield in season for the dinner and the whole, or a part, of the scientific session. Returning, trains will reach Boston at 9 o'clock.

In order that satisfactory arrangements may be made for dinner, those expecting to attend should notify Dr. Alice E. Rowe, Secretary, 9 Maple street, Springfield, Mass.

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**Worcester County Homœopathic Medical Society.**

The regular quarterly meeting of the Worcester County Homœopathic Medical Society was held in Worcester, Feb. 12. The meeting was in charge of Dr. E. A. Jones of Worcester, chairman of the Bureau of Contagious and Infectious Diseases.

Dr. J. M. Barton of Worcester read a very interesting paper on "The Differential Diagnosis of the Eruptive Fevers."

Dr. Lucy E. Weatherbee of Worcester, gave a scientific paper on "Antitoxin and Diphtheria," in which she brought out many practical points in regard to the use of antitoxin.

Dr. E. R. Miller of Leominster read a paper on "Modern



Views of Some Questions Regarding Syphilis."

Dr. G. F. Forbes of Worcester reported several cases from practice.

The name of Dr. H. C. Cheney of Palmer was proposed for membership, and was referred to the Board of Censors.

On motion of Dr. Crisaud the society voted to take action on the death of Dr. Alonzo Boothby of Boston. A committee of two was appointed to draft resolutions, a copy to be sent to the family. The meeting adjourned at 1.15 p. m. for dinner at the Hotel Newton.

EDWIN ROY LEIB, *Secretary pro tem.*

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**Announcement—American Institute of Homœopathy.**

OFFICE OF THE SECRETARY, 100 STATE STREET, CHICAGO, FEB. 20, 1902.

*To the Members of the American Institute of Homœopathy:*

The President of the American Institute is able to announce that it is now possible to forecast, to a great extent, the conditions which will attend the holding of the fifty-eighth annual meeting of our great national association, to be held in Cleveland, Ohio, June 17th to 21st, 1902.

The local headquarters will be at the Hotel Hollenden, which is one of the finest hotels in the United States, and in its arrangements and appointments is peculiarly well adapted to the purposes of the meeting. The house and its furnishings may be termed elegant, and its cuisine is of the best. A new addition is being built, which will be ready for occupancy in June. The hotel will accommodate 700 guests. A special reduced rate for rooms will be made for Institute members. The Hollenden is on the European plan. The Colonial, across the street, is another first-class hotel, and can accommodate a large number. It is on the American plan. Other smaller hotels are conveniently near.

The hall for the meetings, in the Chamber of Commerce building, not far from the Hollenden, is splendidly adapted to the Institute's purposes. The hall is large—seating one

thousand — it has attached to it numerous committee-rooms, and what is of especial interest and importance, it is quiet, being entirely out of hearing of the noises incident to traffic in busy city streets.

At the present time there is a favorable prospect that the several allied societies will combine with the corresponding sections of the Institute, by mutual agreement between the officers of the various bodies, so that this year their work will practically be a part of the work of the institute. This is looked upon as being a fortunate arrangement, and one which will add greatly to the interest of the coming meeting.

It is hoped to have as a special feature of the meeting, a "College Alumni Conclave." This, if arrangements are completed, will be held under the auspices of the Institute authorities, and, while affording every opportunity for the enjoyment of the occasion, it will differ in important respects from alumni reunions which have been held in the past. The alumni of the various colleges will, upon arrival in Cleveland, register at headquarters, which will be provided for them by the committee of arrangements, at the Hollenden. On Thursday evening the general conclave will be held at the Chamber of Commerce hall. It is especially desired that the women graduates of our co-educational institutions, shall take part. The programme for the evening's entertainment will be arranged by the special committee, acting in conjunction with the Institute authorities. The entertainment will consist of appropriate music, orchestral and quartette, and the singing of college songs, together with brief speeches by representatives of the various colleges. In addition to this feature the local committee of Cleveland will, for the several days of the meeting, provide appropriate entertainments of various kinds, which, while not conflicting with the Institute sessions, will afford diversion suited to all.

The location of Cleveland is especially favorable. It is easily accessible from the East, from the South, from the West, and from Canada. It is a convenient common meeting place for all. It is, as yet, too early to announce the arrangements

that will be made with the various railroads in the matter of reduced rates of fare. These will be made known in due time.

Cleveland is a city which is more than usually well adapted for convention purposes for a body the size of the American Institute of Homœopathy. It is pleasantly located on the shore of Lake Erie. It has wide streets lined by many shade trees, beautiful drives and parks, fine hotels, golf links, club houses, and every attraction possible to offer by any place aspiring to entertain such a body as our national organization. The local profession is united, harmonious, and enthusiastic in the work that is given them to do. They are making every preparation and looking forward with anticipations of the greatest pleasure to becoming the hosts of the Institute on this important occasion. There is not a cloud in the sky. All promises well, and there is every prospect that our meeting in Cleveland will be a large one in the matter of attendance, harmonious in its labors, enthusiastic in the spirit that will prevail, and in all respects one of the most successful ever recorded in the history of the Institute.

The executive committee is thoroughly convinced, and more than ever satisfied, that in the best interests of the Institute it has made absolutely the wisest choice in selecting Cleveland for the next place of meeting.

CH. GATCHELL, M.D., *Secretary.*

JAMES C. WOOD, M.D., *President.*

BOOKS AND READING.

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Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked **NEW ENGLAND MEDICAL GAZETTE**, and sent to the publishers, Otis Clapp & Son, 10 Park Square, Boston.

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**STUDIES IN THE PSYCHOLOGY OF SEX.** By Havelock Ellis, L.S.A., (England); Fellow of the Medico-Legal Society of New York, and the Anthropological Society of Berlin, etc. Philadelphia: F. A. Davis Co. 1901. Price, \$2, *net*.

The above title comprises three studies in the psychology of sex, viz.: The Evolution of Modesty; The Phenomena of Sexual Periodicity, and Auto-Erotism, to which, in an Appendix, is added chapters on "The Influence of Menstruation on the Position of Women," "Sexual Periodicity in Man," and "The Auto-erotic Factor in Religion."

The author has evidently put a vast amount of study and research into this book, and it is well worth the attention of those interested in this branch of investigation, and in those branches of medicine where the sexual sphere seems to be especially implicated.

The author is competent to speak with authority through large experience, and many years of research in the realm of psychical phenomena.

**THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS**, under the general editorial charge of Gustavus P. Head, M.D. Vol. III.: The Eye, Ear, Nose and Throat. Edited by Casey A. Wood, C.M., M.D.; Albert H. Andrews, M.D.; T. Melville Hardie, A.M., M.D. December, 1901. Chicago: The Year Book Publishers. pp. 346. Price, \$1.50.

It is convenient having these little volumes, which in all will number ten, appear singly each month. The present volume is timely, for it is the season when, in New England at least, diseases of the nose and throat are especially prevalent. The book contains condensations of many meritorious articles translated from the French, German, Italian, Spanish, Dutch, Scandinavian and Slavonic languages, and abstracts from other writings which have been published in English and American journals.

The subject of the next volume is "Gynecology," and Dr. E. C.

Dudley will be the editor. Subscribers may obtain the series complete for the nominal sum of seven dollars and a half.

**CARDIAC DEBILITY.** By Herbert Nankivell, M.D., Consulting Physician to the Hahnemann Convalescent Home, etc. With illustrations. London: E. Gould & Son, Ltd. 1901. Price, paper, one shilling.

Treating of this subject within the limits of a paper which was read before the British Homœopathic Congress, Sept. 19, 1901, the author necessarily is prevented from discussing it in all its aspects. He has given us, however, a readable and instructive monograph upon the condition of the myocardium at different ages, the mechanics of the circulatory apparatus, the causation and diagnosis of dilatation, with treatment in detail. The treatment is especially well written up, and includes all therapeutic resources, appropriate remedies, heart hygiene, Cæstel treatment, Nauheim and other baths. The text is supplemented by plates illustrating heart dilatations in different cases of cardiac debility.

**A COMPLETE EXPOSE OF EDDYISM OR CHRISTIAN SCIENCE, AND THE PLAIN TRUTH IN PLAIN TERMS REGARDING MARY BAKER G. EDDY, FOUNDER OF CHRISTIAN SCIENCE.** By Frederick W. Peabody, member of the Boston bar. 1901. Price, paper, 25 cents.

Readers who disapprove of Christian Science, so called, will find Mr. Peabody's pamphlet very much to their mind. What he writes was given in the form of an address at Tremont Temple, Boston, August 1, 1901.

Mr. Peabody maintains that what is known as Christian Science is a scheme of life pernicious in the extreme in its influence. He calls it "the greatest humbug, fraud, and imposition of all the ages," and adds that "it is literally derationalizing thousands of people." His review of Mrs. Eddy's life is interesting, if not edifying, and the same may be said of his unsparing dissection of her methods and pronouncements.

A strong plea is made for the better enlightenment of the public on this subject, and for the protection of minors and others who, in illness, are deprived of proper medical attention.

**ANNALS OF SURGERY: A MONTHLY REVIEW OF SURGICAL SCIENCE AND PRACTICE.** Edited by Lewis S. Pilcher, M.D. Philadelphia: J.

B. Lippincott Co. 1902. Price, \$3 a year in advance.

It is not often we can call attention to publications issued monthly, but the above is certainly one of unusual merit, and the current number one of the best we have seen. The attention of all surgeons and, indeed, of all members of the medical profession, should be directed to the exhaustive article by Dr. George M. Edebohls on "The Technics of Nephropexy, as an Operation *per se*, and as Modified by Combination with Lumbar Appendicectomy and Lumbar Exploration of the Bile Passages."

Properly applied in suitable cases, nephropexy, as an operative procedure, is most protective in the relief of suffering, while the frequency, practical importance, and pathological import of movable kidney, are beginning to be generally recognized.

Dr. Edebohls does much in his long and scientific discussion of the subject, to aid in the solution of the problem of how to establish a new, permanent anchorage for a movable kidney without damage, or with the least possible damage to that organ, the surrounding parts, and to the patient.

Other articles in the March "Annals" deal with "Ligation of the Abdominal Aorta for Aneurism," "The Symptomatology, Diagnosis, and Treatment of Carcinoma of the Cæcum," and "Elbow Fractures in Children."

CATS: HOW TO CARE FOR THEM IN HEALTH AND TREAT THEM WHEN ILL. By Edith K. Neel. Philadelphia: Boericke & Tafel. 1902. pp. 48. Price, 50 cents, *net*.

As every one knows, cats are very susceptible to medicines of all kinds, but like other animals averse to taking nauseous doses. Homœopathic preparations can be given them without much difficulty, and when carefully selected give prompt relief. Miss Neel gives clear directions for choosing and using homœopathic remedies, besides describing common symptoms of disease, and outlining the diet and general care which will prevent sickness or tend to limit its duration. Several illustrations of household pets appropriately enliven the pages of her booklet.

## THE SPECIALIST.

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Under this heading will appear each month items bearing upon some special department of medicine; this month "Diseases of the Respiratory System," next month "Obstetrics."

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**EFFICACY OF ANTITOXIN.** — The efficacy of antitoxin in the treatment of diphtheria is no longer a debatable question, and this remedy has now established itself with an overwhelming majority of the medical profession, as the great antidote to the diphtheritic toxin, and has greatly lessened the mortality in one of the most dreaded of infectious maladies, and the fact that diphtheria is now so successfully treated in this way leads us to hope and believe that many, if not all, of the other diseases, will sooner or later be conquered through serum treatment, though up to the present time no other human disease has so completely succumbed to the power of serum therapy as has diphtheria— *The Medicus*.

**TREATMENT OF NOSE-BLEED.** — Its treatment consists of means of stopping the hemorrhage at the immediate time, and in improving the general bodily nutrition. Cleanse the parts and hunt for the source of hemorrhage before making any application. This being ascertained, mechanical pressure in the form of a cotton plug, either dry or soaked in peroxide of hydrogen, is one of the most efficient means of stopping the hemorrhage. The galvano-cautery at a dull red heat, chromic acid, four per cent. solution of antipyrine sprayed in, nitrate of silver, powdered suprarenal, the various antiseptic oils, and the gauze tampon, are all useful at times.— *International Journal of Surgery*.

**SYMPTOMS OF NASAL POLYPI.** — There is much sneezing, an uncontrollable desire to blow the nose, mouth breathing, and, nearly always, the nasal twang present. In severe cases, where both nostrils are involved, there is a loss of smell and taste. This is due to swelling of the mucous membrane. These patients are extremely susceptible to changes in the weather, all the symptoms being worse in damp and cold days and notable relief occurring on mild days. In several cases I

have found asthma as a very annoying symptom, which entirely disappeared on removal of the polypi. The discharge from the nose is thin and watery.— *The Medical Magazine*.

**DIAGNOSIS OF NASAL POLYPI.**— The only conclusive means of diagnosis is by ocular inspection, which must be made with a powerful illuminator. These cases should have a careful and thorough examination when first seen, so that the growths, however small, may be recognized and removed, thereby destroying the polyp-breeding tissue. Cocaine should always be used to contract the blood vessels and open up the passage for thorough inspection. If you are in doubt as to whether it be polypus, or a deflected or hypertrophied part of the nasal cavity, touch it with a probe; the polypus you will find easily moveable.— *The Medical Magazine*.

**GENERAL TREATMENT OF OZÆNA.**— Upon this, as well as upon the local work, depends much for our patient. The diet must be wholesome and nutritious, and yet digestible. Eight hours' sleep, plenty of fresh air, and proper exercise are quite essential. A cold dip, sponge or shower bath, taken preferably before breakfast, and followed by a good brisk rubbing with a Turkish towel, has been helpful. Any irregularity of stomach, bowels, or kidneys must receive attention. In other words, each case is a case unto itself and must be so considered.

The remedy will usually be found among the following, according to its indications, viz., alumina, arg. nit., ars. iod., nit. ac., aur. met., calc. iod., hep. sulph., kali iod., mercurius, silica, and sulphur.— *Journal of Ophthalmology, Otology, and Laryngology*.

**THE DIAGNOSIS OF DIPHTHERIA.**— The diagnosis of diphtheria rests upon two kinds of evidence, clinical and bacteriological. Of the two the bacteriological is more exact. Neither should be depended upon to the exclusion of the other. As has been said by Welch, "the mere presence of the diphtheria bacilli in the throat of a patient no more proves that he has diphtheria than the presence of the pneumococcus in his saliva establishes the fact that he has pneumonia."



Again, the case may be one of undoubted diphtheria, and yet the bacilli may not be found at the first examination, although they are found at subsequent examinations.— *The Medicus*.

**TUBERCULOSIS OF THE LARYNX.**—Pathology and clinical experience show that in the majority of cases the focus of infection is near or in the crico-arytenoid joint. Any persistent or suspicious laryngeal catarrh should be treated seriously on even a presumptive diagnosis. Once diagnosed, the patient should be treated on the principles laid down in the modern method of sanatorium treatment. Symptomatic treatment should be directed to any irritative, catarrhal, or obstructive condition of the air passages. In addition, silence should be enjoined, the disuse of the voice being proportionate to the degree in which the focus of infiltration approaches or interferes with the arytenoid joint.—*Annals of Otology, Rhinology, and Laryngology*.

**SPUTUM CUPS IN PHTHISIS.**—A sputum cup is, of course, essential, and for use at home I know nothing at once so good and so cheap as the common square tin frame and coverholding a folded pasteboard container, which can be burned after use, though it could be improved by impregnating the paper with parrafin to render it water tight and to facilitate its burning. It is light, its opening is amply large, which is not the case in any other popular receivers, the flaps folding inward prevent the contents from being disagreeably in evidence or from running out if upset, while the tin lid makes it inaccessible to flies, a most important point, I am satisfied. Save for ambulant cases, it is in every way superior to the glass hand spittoons and the pocket flasks of the Dettweiler model, the openings of which are, as all who have used them must admit, far too small for cleanly use.—*New York Medical Journal*.

ABSTRACTS FROM BOOKS AND JOURNALS.

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CAUSES OF DEATH IN THE PROFESSIONS. — Among doctors and members of the legal and clerical professions, diseases of the heart are the most frequent of all causes of death.— *Exchange*.

VASCICULATION ABSORPTION.—Respecting the number of insertions, the last British Commission on Vaccination concluded that probably the least extent of vasciculation absorption, which is capable of affording adequate protection against subsequent invasion by smallpox, is an area of half a square inch.— *Report of Commission on Vaccination*.

## OLD TIME BILL OF HEALTH.—

BOSTON, August ye 13, 1776.

These Certify that Eabenesor Stimpson has been so smoak'd and cleansed as that in our Opinion he may be permitted to pass into the Country without Danger of communicating the Small-Pox to any one.

JOHN SCOLLAY, }  
NATHL APPLETON, } Selectmen of Boston.

— *Boston Record*.

AUTO INFECTION.—These are the days when up-to-date physicians are on the look-out for disease germs in the air, in clothing, in the food we eat, in the water we drink, in the sewers. Let us not fail, while looking for infection without, to look for it in this body so fearfully and wonderfully made, and having found it, let us try by all means to make an end of it.— *Eclectic Medical Journal*.

OLIVE OIL AS FOOD AND MEDICINE.—In all those cases where there is indigestion of starchy foods, olive oil supplies the system with a ready heat and force-making food. It appears to exert a direct alterative influence in constitutional diseases, more especially where there is a derangement of the liver and kidney functions. Neuralgic nerves are greatly benefited, sometimes permanently cured, by the steady use of olive oil.— *Exchange*.

QUANTITY OF FOOD FOR INFANTS.—At St. Petersburg careful studies were made some years ago to determine the proper

quantity of food required for the feeding of infants of different ages. The results proved that the *weight* and not the age of the child determined its gastric capacity. This, roughly speaking, was found to be one-hundredth (1-100) of the initial weight, to be increased 1 gram for each day's increase in age. — *Pediatrics*.

**TYPHOID PERFORATION.**— It is possible to save the patient in one-half of the cases of perforation if the severe cases are watched carefully for symptoms of perforation and are operated upon early, says Dr. Osler. Twenty-five per cent. of good and bad cases have been saved, many of them eleventh-hour and folorn-hope operations, as were some of my own. Thirty-seven per cent. of a series of cases operated upon at the Johns Hopkins Hospital have been saved, and such men as Osler, Cushing, etc., look for fifty per cent. of recoveries. — *New York Medical Journal*.

**ARTICULAR RHEUMATISM.**— Place your patients under hygienic conditions, confined to bed or in their rooms, give proper amount of fresh air and exercise. The diet should be nutritious, easily digested, and cause as little constipation as possible. Milk is the better, because of its effects on the genito-urinary tract; eggs, meats, depending somewhat on the tendency of the patient; also give those vegetables that are easily digested; as a rule discard sweets, not because the disease is rheumatism, as because the sweets are more difficult to digest. Minimize the starches, because they will not neutralize. — *Medical Times*.

**INSUFFICIENT NOURISHMENT.**— There is no doubt whatever that want of food, as we have said above, is it the basis of many insidious diseases. How the thoughtful man rebels at the idea of iron, strychnia and cod liver oil, when beefsteak and butter and bacon would be so much better and afford some satisfaction to the poor victim unwittingly suffering from want of enough to eat. May the number of physicians who recognize this patent fact increase year by year, is the prayer of those who are engaged in instructing them, and who have

the good of the human race in their hearts.— *The Post-Graduate*.

VALUE OF URANALYSIS.— The urine is one of the most reliable guides we have in measuring the variations of nutrition and waste of tissue. While it will not be claimed that all diseases can be diagnosed by urinary examinations, yet it is equally true that no serious pathological condition can long exist without being reflected through the urine. By frequent examinations the physician may most surely know which way his case is progressing, either forward or backward.— *The Medicus*.

AID TO SUCCESS IN SURGERY.— Rapidity of operation is an important element in the success of all modern surgery, and operators should aim to perfect themselves in this important point. With the modern improvements in sterilizing and in rational surgical procedures, the dangers of operating have been reduced to a minimum. But the anæsthesia is still a "bug-bear" to the surgeon, and often makes life miserable for him. Therefore I make this plea for quick operative work, because the shorter the operation the smaller the amount of anæsthetic administered to the patient.— *The Virginia Medical Semi-Monthly*.

DISCRIMINATION IN THE PRACTICE OF MEDICINE.— Should all these unqualified applicants be granted their demands, educated physicians would be the only ones discriminated against. There would be but slight inducement for talented and educated young men to enter upon the study of legitimate medicine, if they knew that after their years of preparation they would be obliged to compete with shoals of the mercenary and unqualified. It is certainly to the interest of the community that the medical profession should consist of men of talent and education.— *New York Medical Journal*.

VACCINATION IN ILLINOIS.— The state of Illinois is in a deplorable condition on account of the smallpox epidemic which is raging in almost every section. Numerous complaints have reached the state board where homœopathic physicians are

credited with being responsible for the spread of the disease, owing to their opposition to vaccination. It is certainly not according to any of the teachings in the best schools in the country, and any man who claims to be able to propuce a protection against smallpox by the administration of vaccinia c. m. d. m., or any other m., should be sent back to college.—*Medical Century*.

ALBUMEN IN KIDNEY DISEASES.—Albumen in the urine assumes its prime importance as a sign in kidney diseases. It is always present in acute nephritis, in chronic parenchymatous nephritis characterized by the large white kidney, and in amyloid diseases of the kidney. It may or may not be present in contracting kidney. . . . In general terms it may be stated that in acute and chronic parenchymatous nephritis the quantity of water is small and the albumen large. In amyloid disease and contracting kidney the water is large and the albumen small.—*Exchange*.

HELPUFULNESS OF MEDICAL JOURNALS.—Every progressive physician takes and reads one or more good medical journals. The doctor who does not will eventually get into a rut and stay there. The medical journal is especially helpful to the young doctor. In it he finds articles from practical experience which he never heard of in college or never saw in a text-book. The majority of the articles are helpful. A few are so “scientific” as to be of no practical use to any one. The doctor who fails to take at least a couple of good medical journals, thinking he is practising economy, is “saving at the spigot and wasting at the bunghole.”—*Exchange*.

DISPOSAL OF GARBAGE. A process has been discovered in France by which garbage is converted into briquettes. It consists of mincing the refuse from abattoirs, fish markets, etc., straw, paper, and the like, and adding tar and naphthalene. The whole mass is then mixed in a kneading apparatus, dried, and pressed into briquettes. The director of the Paris Municipal Laboratory says :

“The briquettes have a slight odor of gas, burn brightly,

and engender heat slowly. With a more highly perfected method of manufacture, they will engender less ash, and the heat producing qualities will be about the same as those of common coal. They will also possess the advantage of burning slowly and developing no smoke."—*Exchange*.

DIAGNOSTIC VALUE OF THE CYSTOSCOPE.—1. Cystoscopy is usually an easy and safe means of diagnosis of genito-urinary disease.

2. Such an examination should always be made in every obscure case.

3. The diagnosis of an obscure case of bladder disease can usually be determined by cystoscopy.

4. The presence of disease of one or both kidneys can be demonstrated in almost every instance. Therefore the use of the cystoscope preliminary to operation on the kidneys is to be recommended and insisted upon in all cases when not absolutely contraindicated.

5. It renders the differential diagnosis between vesical and renal diseases comparatively simple.—*Cleveland Journal of Medicine*.

DERMOID TUMORS.—In an experience with over a thousand tumors of the ovaries, I find the dermoids in about the proportion of one to twenty-five, and the majority of these dermoids have been from infancy to the age of twenty-five. The great danger in dermoids when left to nature, is that they will rupture intra-abdominal, with septic infective peritonitis and death; or that the bone tissue may uncover itself by pressure, and come in contact with the intestines and lacerate them by the movement of the body and intestine against the sharp, rough edges of the osseous structure within the tumor mass.—*Dr. L. E. Russell in the Eclectic Medical Journal*

USES OF ACONITE.—In addition to its usefulness in fevers and inflammations, some of its principal uses may be in paralysis, acute local rheumatism, stiff neck, lumbago, and in asthma. In rheumatism of single muscles, especially where there is numbness and tingling, this remedy has done excel-

lent work and should not be forgotten. In delirium tremens it ranks with belladonna, hyoscyamus and stramonium in the wildness of its mental condition and terrible imaginings. In traumatic conditions and especially tetanus, as well as a sheet anchor remedy for accidents following surgical work, our remedy should not be overlooked. It has done splendid work in tetanus, and ranks with arnica in usefulness to the surgeon. In sun stroke it should be thought of along with glonoine. In laryngitis and especially spasmodic croup it is of great service, and formed one of the four croup powders of Boenninghausen. — *The Medical Advance*.

AIDS TO TEMPERATE LIVING.—A London doctor, who has no faith in Keeley cure, writes: "Let those who are fighting against the drink demon put themselves upon an anti-alcoholic diet, let them abstain from flesh, fish and fowl, drugs and salt, and eat largely of ripe fruits, boiled milk, eggs, vegetables, whole meal bread, drink plenty of lemonade, hot and cold, taking strong coffee for a stimulant when required, bathe the body once at least every twenty-four hours in cold, warm, or hot water, according to state of health; live in the open air as much as possible, and they will soon find new life and strength, new ambitions and joys, if they will persevere and continually ask Him who said: 'Take my yoke upon you and learn of me, for I am meek and lowly in heart, and ye shall find rest for your souls, for my yoke is easy and my burden light.'" — *The Medical Examiner*.

THE EDUCATION THAT EDUCATES.—In this intensely scientific age, we need some wise heads to tell us what not to learn or to unlearn, fully as much as what to learn. Let us by all means avail ourselves of the unmatched advantages of modern science, and of the discoveries which every day are multiplying with a rapidity which confounds; let us convey into, and carry in our heads as much as we safely can, of new knowledge from chemistry, statistics, the microscope, the stethoscope, and all new helps and methods; *but let us go on with the old serious dilligence*,—the *experientia* as well as the *experimenta*—the forging and directing, and qualifying the

mind as well as the furnishing, informing, and what is called accomplishing it. Let us, in the midst of all the wealth pouring in from without, keep our senses and our understandings well exercised on immediate work. *Let us look with our own eyes, and feel with our own fingers.*—*Dr. John Brown in "Spare Hours."*

TOO MUCH VAGINAL DOUCHING.—I wish to declare against the indiscriminate *use of the vaginal douche*. I believe it is now carried on to such an extent that even women in health are almost universally using the vaginal douche. Within less than three months I heard a conversation between a number of women, in which one of them stated, to the horror of the others, that she had never taken a vaginal douche. They advised her to go to a doctor, and he would send her home to have a vaginal douche for cleanliness, if nothing else. While it may seem to be a quasi means of cleansing, I am thoroughly of the opinion that the dangers from infection by the methods and means used, the uncleanness surgically of the ordinary douche apparatus is such as to endanger the woman more than any condition for which it is used. I am growing more and more opposed to its use, unless it is necessary by already infected conditions that must be combatted. The faculty that the vagina has of guarding the portal at this important place is a happy circumstance, and, for the most part, should be left to itself. The cleanly woman is one who takes care of herself externally, avoiding the introduction of germs as far as may be by cleanliness; but nature, in my judgment, can take care of the inside of the woman better than any means we can adopt.—*Dr. Wm. Bailey, Hom. Jour. of Obstetrics.*

CASTRATION AS A PREVENTATIVE OF CRIME. Nature sterilizes women of immoral lives. Immoral men should be sterilized also, but this can only be done by artificial means. Jesus said, "Some are born eunuchs, some are made eunuchs, and others have become eunuchs for the kingdom of heaven's sake." The saintly Origen emasculated himself. What has been done from religion, luxury or choice, may be done again from necessity. It might easily be made a physical impossibility for criminals, hereditary paupers, imbeciles, profligates,



and others suffering from gross bodily or mental defects to propagate their failings and their vices.

The scientific improvement of our race is one of the great measures of the future, and will be taken in hand as soon as the nation is sufficiently enlightened as to its necessity. We cannot go on for ever permitting swarms of weak and depraved creatures to flood society with lunatics, idiots, criminals and other defective offspring. Their maintenance and control alone constitute a serious menace to the welfare of the industrious and deserving poor. Their contagious example outweighs the efforts of missionaries and reformers, who are, as it were, forever rolling a Sisyphean stone. We banish or isolate physical leprosy, which once abounded in this island and thus extirpate it. Moral leprosy may have to be subjected to similar treatment.

The Spartans afforded a remarkable instance of what could be done by selection, careful breeding and systematic education. A little state of a few thousand citizens overawed Greece and defied the countless hosts of Persia. Marathon and Salamis, ring out clear and spirit-stirring after the lapse of twenty-four centuries.— *Medical Examiner*.

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## COLLEGE, HOSPITAL AND LABORATORY NOTES.

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JOHNS HOPKINS UNIVERSITY is to have a new site. For this purpose one hundred and seventy-six acres of land in the northern suburbs of Baltimore have been donated. A million dollars will be required to erect the necessary buildings.

THE BOOTHBY SURGICAL HOSPITAL, 1 and 3 Worcester square, Boston, will continue to afford accommodations for medical, surgical and obstetrical cases. Every care and attention will be given patients, and physicians will be shown every courtesy.

HAHNEMANN HOSPITAL, CHICAGO, has been enriched by the gift of \$10,000 from Mrs. Frederick S. Newell and Mrs. J. J. Hoyt of Kenosha, Wis., and the Yonkers, N. Y., Homœopathic and Maternity Hospital will receive \$9,000 under the will of Roswell A. Roberts, of Yonkers.

HARVARD MEDICAL SCHOOL will receive \$50,000 under the will of the late Miss Ellen Proctor, of Brookline, Mass. This

in anatomy, professor of minor surgery and surgical anatomy, associate professor of surgery and surgical diagnosis, and at the time of his death was professor of the chair of gynecology.

From 1877 to 1894 he was one of the visiting surgeons on the staff of the Massachusetts Homœopathic Hospital, and from 1894 to 1896, acted as consulting surgeon. Dr. Boothby was an ex-president of the Massachusetts Surgical and Gynecological Society and of the Boston Homœopathic Medical Society. He was an Odd Fellow and a Free Mason. He leaves a widow and one son. The funeral services were held at his late residence, Feb. 12th, Rev. Dr. Gordon officiating. The house was filled to overflowing with friends and colleagues. Dr. Gordon spoke of Dr. Boothby as "the enemy of disease, the fighter of pain and the friend of all mankind, a man who knew no rank in the world of pain."

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## PERSONAL AND GENERAL ITEMS.

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DR. ELLEN E. SEVERANCE, of Somerville, has located in Chelsea Mass., and has opened an office at 1214 Washington street.

CHRISTIAN SCIENCE, so called, was the subject of debate in the German Reichstag, Feb. 3rd. The consensus of opinion was that this belief is a product of "bad philosophy and worse theology."

"THE OLD GUARD," a medical society to which all homœopathic physicians who graduated thirty years ago are eligible, will hold its next annual meeting in Chicago, Ill., next June. The secretary is Dr. T. C. Duncan of Chicago.

A BILL now before the Massachusetts Legislature provides for the retirement and pensioning of medical examiners in Suffolk county at the age of 60, after 25 years of service, at three-fourths of the salary they have received.

DR. PAUL F. MUNDE, the eminent gynecologist, died in New York, Feb. 7th. He was the editor of the American Journal of Obstetrics from 1874 to 1892, and one of the founders of the American Gynecological Society, of which he was president in 1898.

A CORONER'S JURY at Portsmouth, N. H., has rendered a verdict against the Christian Scientist who treated a Miss Shaw, of that city. Miss Shaw died of pneumonia, and the jury held that the disease would not have been fatal had the patient received proper medical care.

TWO PRIZES, one of one thousand dollars, and one of five hundred dollars, are offered by the Maltine Company of Brooklyn, New York, for the best essays upon "Preventive Medicine." These must be received by the company by Sept. 1st, 1902. Circulars setting forth the conditions of the competition can be had upon application.

"DOCTOR" D. H. CASWELL has been convicted in the Lawrence, Mass., police court, of violating the statute relating to the practice of medicine. He advertised as an "eye sight specialist," and used the prefix "Dr." The court fined him \$100 for his short sightedness. An appeal has been taken.

THE MILTON (MASS.) BOARD OF HEALTH condemns the use of lead pipes for carrying water from the street mains to consumers' houses. Seventeen well marked cases of lead poisoning were attributed to the use of water which had passed through such pipes. Whether the water supply itself is entirely above reproach, seems to be a question still undecided.

IN HAWAII every would be practitioner of medicine must undergo examination before a board of three. The examination is a thorough one, and no one is licensed who cannot pass a reputable examination for a degree. The fee, paid to the Board of Health, is \$10, and a voucher as to morals is also required. The law has been in operation four years, and is very satisfactory. Dr. George P. Andrews, of Honolulu, is chairman of the board of examiners.

IF THE "COMPULSORY VACCINATION BILL," recently introduced in the Senate of the Legislature of the State of New York becomes a law, every policeman, fireman, public officer, school teacher, and all other municipal officials, will have to be vaccinated. All inmates of public institutions will come under the law, and pupils in schools and colleges will have to furnish a registered physician's certificate of successful vaccination within five years. Other sections of the bill are even more exacting.

THE GEORGIA LEGISLATURE has passed a bill which provides that the nature of alcoholic drinks and narcotics, and special instruction as to their effects upon the human system, in connection with the several divisions of the subject of physiology and hygiene, shall be included in the branches of study taught in common or public schools in the state of Georgia, and shall be studied and taught as thoroughly and in the same manner as other like required branches are in said schools.

No license shall be granted any person to teach in the public schools, receiving money from the state, after the first Monday in January, 1903, who has not passed a satisfactory examination in physiology and hygiene (physiology which shall include all other hygiene, the nature and effect of alcoholic drinks with other narcotics, upon the human system.)

The passage of this bill has been celebrated near Boston by a W. C. T. U. jubilation, and the extension of "scientific temperance" instruction made the occasion of great rejoicing. This is right and proper, but we trust the instruction will be really "scientific," and that the truth about the effects of alcohol upon the human system will be fairly and impartially presented. No cause, however worthy in itself, can hope to be permanently benefitted by the distortion or misrepresentation of facts.

DR. W. C. FARLEY, 8 E. Haverhill street, Lawrence, will remove in a few days to 117 Haverhill street.

# THE NEW ENGLAND MEDICAL GAZETTE

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## ORIGINAL COMMUNICATIONS.

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### NOTES OF SOME RECENT LEGAL DECISIONS AFFECTING PHYSICIANS.

BY G. E. WIRE, M.D., L.L.B.

Deputy Librarian Worcester County Law Library.

The decisions given are those from March, 1900, to October, 1901, inclusive in both instances, and cover the ground since the latest textbooks on the subject. I have arranged these under the five heads: Contracts, Fees, Negligence, Regulation of Practice of Medicine, Revelations.

#### CONTRACT.

*Hurley vs. Eddingfield*, 59 Northeastern Reporter, 1058 (Indiana Ap. 4 — 1901.)

The defendant was a physician, duly licensed under the laws of the state of Indiana to practise medicine. He had been for some years before, and was at the time of the death of the plaintiff's wife, the family physician. She became dangerously ill and a messenger was sent for him who stated the case, tendered him his fee, and also told him no other physician was available, and that the woman relied on him. The physician had no other calls, nor did he assign any reason for his declining to attend the woman. No other physician was procured and the woman died.

Suit was brought against the physician in the sum of \$10,000.00, alleging that he was bound to enter into a contract by reason of being licensed by the state. The lower court decided in favor of the physician, and this judgment was confirmed by the higher court. Many people have the idea, illustrated by the above suit, that because a physician is licensed by the state, he is under some law compelling him to attend persons. Not a few lawyers, as seen by the above case, have this same idea. The editor of a legal journal in Chicago, commenting on this case, took this view. No wonder the common people do. But the lawyer is licensed by the same authority. Does any one suppose he can be compelled to take a case against his will without fee, or a word, or any prospect of one? Not at all. Nor do people expect the same thing of a member of any profession, art, or trade, as they expect of the physician. This very point has been decided before in other states, but I am afraid the battle will have to be fought over again in each state before the physician is secure against such suits.

*Lathrop vs. Flood*, 63 Pacific Reporter, 1007 (California, Feb. 25, 1901.)

The defendant was a practising physician in San Francisco, and was employed by the plaintiff to attend his wife in her first confinement. The labor was tedious. Finally the physician decided it was time to resort to instruments, and, the nurse assisting, tried to apply the forceps. But from pain or fright the patient shrank away. A second attempt was made, but there is some doubt about a third trial. He warned the patient to be quiet, and explained the danger to her and the fetus, but to no purpose. He finally told her "if she did not remain quiet he would quit." This he did it being about midnight, and did not return. The husband followed him into the street and begged him to return, but the physician would not do so and referred him to the German Hospital. The husband said, "I know you cannot get doctors from the

German Hospital at this time of night." After an interval of an hour another physician was secured. The verdict of \$2000.00 was not deemed excessive under the circumstances. I think we shall all agree in this, and also in being sorry that the fair name of the profession has been dishonored in such a manner.

#### FEES.

*Allen et. al. vs. DeKalb County*, 61 Southwestern Reporter (Tennessee, Dec. 18, 1900.)

The statutes of the state of Tennessee (Act of 1885, chapter 95, section 1), make it the duty of the county board of health to carry out the provisions of the state board of health, and also make provision for the expenses so incurred. The plaintiff's partner, Dr. Potter, was elected jail physician and subsequently went to Nashville for purposes of study. Under the partnership agreement they were to share the receipts from the jail business between them, and also Dr. Allen was to act as county physician. A suspicious case of eruptive disease occurring, Dr. Allen consulted the district attorney and district judge, and acting under their advice went before the district judge and secured an order appointing him jail physician in the absence of Dr. Potter. A county board of health was organized, a smallpox expert called from the state board of health, and the disease diagnosed as smallpox. Dr. Allen secured a house, an immune nurse, and took all due precautions against the spread of the disease and saved the patient. He devoted himself entirely to the work for one month, giving up his ordinary practice, and for twenty-four days ensuing his practice suffered. He filed statements of twenty-three reputable physicians of the county estimating his services at \$500.00. The depositions of nine of these physicians were taken, and they all practically agreed on the sum of \$500.00. These estimates were based on the time given to the case. The court went into an exhaustive review of the statute under which the county board of health was organized, showing

they had complied strictly with the laws in every particular, and ending with a full consideration of the action of the chancellor in allowing this compensation. This is the best case I have on this subject of fees, and a very instructive case to read up in the reports. The physician took legal precautions for his every measure, acted strictly within the letter of the law in all he did, was entirely moderate in his fees, and showed what the lawyers call a reasonable reason for all his acts.

*Ebner vs. Mackey*, 87 Illinois Appellate, 306.

In this case the physician, Dr. Mackey, brought suit against the estate of Andrew Ebner, deceased, for \$370.00, value of medical services rendered to him and his wife. Fifty dollars was paid on this before claim day. The physician's account books were received as evidence. The lower court allowed the claim, and the higher court sustained it. The court held the physician to be the judge of the necessary frequency of his visits, and that he must be paid for these visits; to rule otherwise would be working a great hardship on the physician. This is fair and just.

*MacEvitt vs. Maas*, 33 New York Miscellaneous Reports, 552; 64 New York Appellate Court Reports, 382.

The plaintiff, a physician and surgeon, gave the figure of \$75.00 as the price of an abdominal operation to be performed on the wife of the defendant. On further examination complications were discovered which made the case much more grave, endangering the life of the patient. This was explained to the plaintiff, but nothing was said to him about an increased price for the operation. The defendant assented to the operation. The jury gave a verdict of \$225.00; the defendant moved for a new trial which was denied, the judge holding that it was a case for the jury. This case went to the appellate division of the Supreme Court, and the judgment of the lower court was affirmed. This, I think, is a fair ruling. The second fee was 300 per cent. higher than the first one. In all



justice to his patient, the physician should have informed her, or her husband, of the difference in the fee, corresponding to the difference in the gravity between the first and second diagnoses and the corresponding operations.

#### NEGLIGENCE.

*Gerken vs. Plimpton*, 62 New York Supreme Court, Appellate Division, 35.

The plaintiff sustained a fracture of the left arm, July 29, 1897. The defendant was called on July 30, dressed the arm in splints and bandages, and directed the patient to carry the arm in a sling. The defendant attended the patient until Sept. 12, when, on finding the bones had not united, he rubbed the ends of the bones together, replaced them in splints and told the patient he was going away for two or three weeks, but did not return for five weeks. A physician is bound to give not only skill, but also to take care of, and give attention to his patient. A verdict of \$2000 was given by the jury, but was deemed excessive by the lower court and reduced to \$500.00, with alternative of a new trial. The patient accepted this verdict of \$500.00, cost of another operation, and the court ordered it paid. This was probably a charity case, and the physician thought because he got nothing out of it he had no responsibility.

*Williams vs. City of Indianapolis*, 60 Northeastern Reporter, 367 (Indiana, May 9, 1901.)

The patient went to the Indianapolis City Hospital as a charity patient, and was there treated for a broken arm. She alleges unskilful treatment by which she lost the use of her hand, wrist and arm. The court held that she could not recover from the city, but does say that "the true doctrine upon facts parallel with those before the Rhode Island court is that the damages should be paid out of the pocket of the wrong doer, and not from the trust fund."—[ *Glavin vs. Rhode Island Hospital*, 12 Rhode Island, 411,

*Moon vs. McRae*, 36 Southeastern, 635, (Georgia, July 10, 1900.)

In this case the patient, a minor son of the one who brings the suit as next friend — on Nov. 4, 1891, sustained a bruise on the right leg just below the knee. Defendant, a practising physician, was called and told how the injury was sustained, and that in the opinion of the father and mother of the infant, the pain was the result of the injury. Defendant said it was a case of inflammatory rheumatism, and prescribed a liniment to be applied. He made frequent calls and was repeatedly told about the injury, and as often repeated his rheumatic theory.

After about Nov. 10, there were indications of suppuration and defendant admitted his mistake, opened the knee, and removed a large quantity of pus ; finally the leg had to be amputated. Suit was in damage to the sum of \$1000.00. From all the facts it would seem that this was a reasonable sum, and that defendant escaped with a comparatively mild verdict.

*Haering vs. Spicer*, 92 Illinois Appellate Court Reports, 449.

Appeal from a judgment of \$2500.00 for negligence and incompetency in treating a dislocated shoulder. The appellant, Dr. Haering, was not called until the second day after the injury, and was not advised of the injury before reaching the home of the patient. The parts were then so inflamed that an accurate diagnosis was impossible without anesthetics. The physician asked for counsel, for assistance, but the husband of the patient would not, or did not favor employment of counsel. The judge in reversing the judgment and remanding the case, said : " It is the duty of a person who has called a surgeon to treat him for an injury, to follow all reasonable advice prescribed, and if the surgeon requests needed assistance and the patient refuses or neglects to procure it, the surgeon can not be held liable in damages for a permanent injury, when the employment of assistance would have

rendered the injury only temporary. This is manifestly just and honorable, and a pleasing change in judicial sentiment of a few years ago.

*Tucker vs. Gillette*, 22 Ohio Circuit Court Reports, 664.

Plaintiff sues for reversal of judgment. She was operated on for appendicitis by the defendant on or about Nov. 1, 1897.

No appendicitis was found and the incision was closed. A hematoma was found and removed near the median line, also one of the fallopian tubes. She seems to have made a successful recovery from the second operation. But the first incision on the right side discharged pus, and gave her much pain. She was under the doctor's care and called at his office from time to time until November, 1898, when he ordered her out of his office. Soon after that she employed legal counsel and also another physician, who, in April, 1899, sixteen months after the first operation, opened the incision in her right side. About two inches below the skin he found a cheesecloth sponge saturated with pus, and removed it. The action sounded in tort and not in damages, and the defendant pleaded the one year limitation of the statutes, which among other causes, enumerates malpractice. But the judge held that the malpractice and negligence was a continuing act for one year, and did not cease with the operation, and therefore the judgment was reversed and the case remanded for trial. The medical moral is: Count your assistants, your dressings, and your instruments, before, during, and after operations.

#### REGULATION.

*Riley vs. Collins*, 64 Pacific Reporter, 1052; (Colorado, 1901.)

*Mayfield vs. Nale*, 59 Northeastern Reporter, 415; (Indiana Appellate, 1901.)

The first case holds, that under the state law a physician's license to practice from the state board of medical examiners gave him a right to practice in any county of the state, even if his license was not recorded by the county clerk, and that he had a right to his fees,

The second case holds, that a physician must get a license from each county where he practices, without such license he had no right to practice nor to recover his fees. The difference in the statutes accounts for the directly opposite rulings as given above, the rule being that a statute is to be construed strictly.

*Accetta vs. Zuppa*, 54 New York Supreme Court, Appellate Division, 33 ; (1900.)

The plaintiff, Dr. Accetta, sued for professional services and medicines furnished by him to the defendant in King's county, and recovered a judgment of \$100.00 ; defendant appealed.

It appears that Dr. Accetta was a graduate of the University of Naples, and had passed an examination in medicine before the University of the State of New York, was licensed by the Regents of the University of the State of New York in 1896, and had practiced medicine since that time.

*But* he had not recorded his license in the clerk's office according to law. Inasmuch as he had not complied with the laws of the state he was not entitled to their protection, and so it was held he could not recover for his services.

*Little vs. State*, 84 Northwestern Reporter, 248 ; ( Nebraska, 1900.)

The case is that of a "practitioner of osteopathy," who had been convicted of practicing without a license. The court sustained the verdict, and held that he, as well as those practicing Christian Science, came within the limit of the statute.

*Noel vs. People*, 187 Illinois Reports, 587.

Part of Pharmacy Act of 1895 found unconstitutional.

It gave to the state board of pharmacy arbitrary powers to say who shall, and who shall not vend proprietary medicines.

#### REVELATIONS.

*McEvitt vs. Maas*, 33 New York Miscellaneous Reports, 552.

This case has already been given under "Fees," but I wish to return to it for a nice point of law. Expert testimony for the defence was excluded by the lower court on the statutory grounds that a physician or surgeon "shall not be allowed to disclose any information which he acquired in attending a patient in a professional capacity, and which was necessary to enable him to act in that capacity." The defendant then excepted to the admission of the testimony of the plaintiff and his surgeons as experts, on the ground that as the nature and particulars of the operation had not been given in evidence, there was no basis for such testimony. But there was evidence of a capital operation, of the time it took, and the number of visits made. The judge held that the statute excluding such particulars cannot justly be held to exclude such evidence of value by the surgeons who saw them. The very law enacted as a protection to physicians is capable of being used against them if not as above righteously interpreted by the court.

*Finnegan vs. City of Sioux City*, 83 Northwestern Reporter, 907 ; (Iowa, Oct. 17, 1900.)

Plaintiff while carrying a heavy package out into the street about seven or eight o'clock of a November evening, fell into a hole in the roadway and was injured. On trial his physician was called to the stand by the defendant, and an attempt was made to show by him that plaintiff was at the time of the accident under treatment for delirium tremens. This was excluded by the lower court and sustained by the higher court. This same rule was followed in a later Iowa case, namely :

*Herries vs. City of Waterloo*, 86 Northwestern Reporter, 306 ; (Iowa, May 29, 1901.)

The plaintiff, a physician, while driving on the streets of the city, ran into a curbing, was thrown out of his sleigh and injured. It was held that an attending physician would not be allowed to testify as to knowledge of the health of the

plaintiff while he was employed by the plaintiff, but that he would be allowed to testify as to the health of the plaintiff when not under employment of plaintiff. This rule has a further modification in —

*Mason's Union Life Insurance vs. Brockman*, 59 Northeastern Reporter, 401 ; ( Indiana Appellate, Jan. 31, 1901.)

In this case the insured was proved to have visited the office of a physician for purpose of hypodermic treatment for inebriety. He was seen by a third party and admitted to him his errand, and this evidence was admitted by the court.

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**PREGNANCY, FOLLOWING TUBO-OVARIOTOMY ON ONE  
SIDE AND LIGATION OF REMAINING TUBE,  
COMPLICATED BY A MITRAL REGURGITATION  
AND VENTRAL SUSPENSION.**

BY J. EMMONS BRIGGS, M.D.

The case which I am about to report is one of considerable interest inasmuch as pregnancy occurred after an operation which should have precluded it, and the patient's life was jeopardized by a grave mitral regurgitation and a ventral suspension.

Mrs. X——, aged 30, a patient of Dr. C. S. Jackson, consulted me on Mar. 26, 1898. She gave the following history : Nine years ago she suffered from a severe attack of rheumatic fever, followed by much palpitation of the heart. She had had three children and one miscarriage. The ages of her children were eight, seven and three, respectively. Each successive pregnancy, especially the last, three years before, had left her heart weaker. She complained of much headache, backache, and pain in the right ovarian region. Of late she had been exceedingly nervous. She slept poorly, as she was unable to lie down in bed, owing to increase in dyspnoea and palpitation of the heart while in the recumbent position.

On examination, the uterus was found badly retroflexed and bound down by adhesions; the right ovary about the size of a hen's egg and exceedingly sensitive on pressure.

I hesitated in recommending operation because of the mitral lesion, but after consultation with her family physician and Dr. F. P. Batchelder, it was thought that an operation could be undertaken with reasonable safety. The patient was anxious that something be done to improve her condition.

On April 4th, 1898, she was etherized by Dr. Batchelder, with a combination of oxygen and ether. The operation was done as quickly as possible and consisted in the removal of of the entire tube and ovary of the right side, and the breaking up of adhesions posterior to the uterus. A ventral suspension was made by scarifying an area as large as a silver dollar on the anterior surface of the fundus of the womb, and another scarification of similar size on the parietal peritoneum. These two areas were approximated with four interrupted silk sutures, and a single silk-worm gut suture was carried through the abdominal wall about one-half inch from the incision on the right into the fundus of the womb and dipping deeply into it, then out through the abdominal wall to a point one-half inch to the left of the incision and this suture tied.

It was the opinion of all those physicians who had examined her that another pregnancy would be quite disastrous owing to the increasing mitral disease, and in order to be certain that it would not occur I threw a medium sized silk ligature around the remaining Fallopian tube and tied it moderately tight. This was done rather than double ovariectomy, because, with the removal of both ovaries and tubes, there would be established an artificial climacteric, with all its attendant nervous symptoms. She stood the operation excellently, but her heart behaved badly during her convalescence. She suffered much from dyspnoea and palpitation.

The operation proved of much benefit to her, the pain in the right side entirely disappeared and her nervous symptoms, backache and headache, were relieved. She suffered less

from palpitation of the heart. The edema of her ankles and shortness of breath on exercising remained for quite a time, but gradually improved. She so far recovered as to be able to do considerable work about the house, and considered herself much better than before the operation.

In the month of January, 1900, her physician, Dr. Jackson, wrote me that he had been led to think that Mrs. X—— was pregnant. I suggested that he observe her for another month. If, after the delay, he was still of the same opinion, to ask her to call upon me for examination. On the first of February, by our advice, she entered the Homœopathic Hospital, where I examined her and concurred in the opinion of her physician. With the pregnancy now three and one-half months advanced her general health had suffered considerably. During the previous two months she had suffered increasingly from palpitation, vertigo, and dyspnœa. Two or three times weekly she had some attacks of dyspnœa, palpitation, and much anxiety, and had to sit up in bed in order to breathe. Her feet and ankles had swollen more, and her general condition was much worse than before conception.

Should the patient be allowed to go to full term or should pregnancy be terminated? After perusal of the literature on the subject of pregnancy complicated by mitral disease, more authority was discovered for the former course than for the interruption of the pregnancy. But my case presented conditions somewhat unusual, for besides the mitral disease she had a strong ventral suspension or fixation, which was causing her much pain by a constant sensation of pulling.

In order to arrive at a decision whether to operate or allow the patient to go to full term, the following physicians were called in consultation, and all advised the emptying of the womb: Drs. F. P. Batchelder, George H. Earl, Horace Packard, and H. E. Spalding. Her family physician having previously expressed his approval of interference, I operated on Feb. 5th, 1900, assisted by Dr. Conrad Smith. Ether and oxygen was skilfully administered by Dr. Wetherbee, interne at the hospital.



The uterus was dilated by successively introducing graduated Kelley dilators, and the contents of the womb removed by the curette. The uterine cavity was syringed with hot distilled water, and the vagina packed with borated gauze. The operation consumed eighteen minutes, and was followed by no nausea or disturbance of the heart. The packing was removed on the second day, scarcely stained with blood. Her convalescence was in all respects satisfactory.

The report of this case opens up for our consideration three important subjects :

I. The treatment of pregnancy when complicated by an organic disease of the heart.

II. The question of the influence of ventral suspension and fixation upon subsequent pregnancies.

III. The physiology of impregnation.

It would require more time than is allotted to me to treat one of these subjects in anything like a satisfactory manner, yet a few remarks upon each, with especial reference to the above case, would seem appropriate.

I. The treatment of pregnancy when complicated by an organic disease of the heart.

If pregnancy is complicated by an organic cardiac disease, one's first duty is to determine the exact character of the lesion which exists, and next, the severity or extent of the pathological condition in the heart itself, as well as the amount of compensation which is present. Here the advice of a specialist should be sought, and his opinion given due consideration.

In patients with slight cardiac lesions and otherwise in good physical condition, no especial embarrassment is likely to arise at the time of delivery. During the course of pregnancy some of the general symptoms of the heart disease will in all probability occur, and should be treated symptomatically.

The type of lesion is exceedingly important to determine, for it has been demonstrated that some forms of valvular dis-

ease are attended by a high rate of mortality, while others have a relatively low death rate. The most fatal of these lesions in the pregnant woman is mitral stenosis. MacDonald reported this lesion in fourteen cases with nine deaths. Porak saw eight fatal cases out of thirteen. Remy in nineteen cases found eleven fatal. In double mitral lesion seven out of Hart's eight cases perished. The especial danger lies in the predominance of pulmonary symptoms. While the mortality of pregnancy complicated by mitral stenosis is more than fifty per cent., aortic lesions give a mortality of twenty-three per cent. Mitral insufficiency is credited with thirteen per cent., while in complex lesions of the heart a mortality of fifty per cent. is a conservative estimate.\*

II. The question of the influence of ventral suspension and fixation upon subsequent pregnancies.

In considering the complication in pregnancy which may arise subsequently to the operation of ventrofixation or ventrosuspension, it is of extreme importance to define what is meant by these terms. I use the term ventrosuspension where the anterior peritoneal surface of the fundus of the uterus is retained in apposition with the parietal peritoneum at the median line just above the symphysis pubis. The adjacent surfaces of the peritoneum may, or may not be scarified. Recently I have always scarified.

Ventrofixation I perform by extensive and rather deep scarification of the anterior surface of the fundus of the womb, then stitching the parietal peritoneum around the edges of the scarified area. The silk worm fixation stitches are applied in the same manner, whether the operation is a fixation or suspension, except that in the fixation they should not penetrate the parietal peritoneum. In the ventrofixation the scarified area of the uterus is in contact with the internal surface of the recti muscles.

After this operation it would seem that the uterus must remain firmly adherent to the abdominal wall, but that such is

\* Data from "An American Text Book of Obstetrics." Pages 237 and 238.

the inevitable result has not been demonstrated in my work. I have observed a quite freely movable fundus within six months, where I had supposed absolute fixation was assured. After ventrosuspension, humiliating relapses to the old retroflexed position have occurred at my hands, while in the case which has been cited this evening a ventrosuspension, made with no especial thought toward security, was followed by exceedingly painful drawing sensations with the dimpling of the abdominal wall at the point of suspension before the patient was four months pregnant. There remains, therefore, a reasonable doubt whether we can definitely forecast the degree of fixation which will result after either mode of operation, yet it is safe to say that ventrofixation, where the fundus or the posterior aspect of the uterus is firmly sutured to the abdominal wall after the method of Kelley, is likely to cause complications in case of pregnancy.

While these secure fixations may present serious problems to the normal mechanism of labor by changing the uterine axis, so that when uterine contractions occur the tendency is for the presenting part of the child to be driven backward against the sacrum, instead of downward and backward in the pelvic axis, even rendering operative procedure necessary, yet statistics prove that in cases where firm ventrofixation has been done, seventy per cent. of the cases go on to term and natural delivery, with no complication except pain during the latter months of pregnancy. This could not be the case, were it not for certain alterations which occur when pregnancy exists, viz.: The tension upon the adhesions between the uterus and the abdominal wall may result in rupture or extreme attenuation. The free wall of the uterus may admit of compensating dilatation without rupture of the adhesions, or the relaxation of the abdominal wall may admit of great upward development during pregnancy. The absence of these possibilities would account for the different complications sometimes observed during pregnancy and parturition. Ventrosuspension ought to present no unfavorable complications,

save, perhaps, considerable pain during the child carrying period.

### III. The physiology of impregnation.

The theory depends on the rupture of one or more mature Graafian follicles with the escape of the ovum into the Fallopian tube. While within the tube the ovum is supposed to meet the spermatozoids, and impregnation takes place. If, after this has taken place, the ovum fails to reach the uterine cavity, a tubal pregnancy may result. The transit of the ovum from the distal end of the Fallopian tube to the uterine cavity depends, we are taught, upon the movement of the cilia of the epithelial lining of the tube.

All text books lay weight upon the necessity of a normal fimbriated extremity to the Fallopian tube, for "it seems that during menstruation the fimbriæ are spread out and applied with their mucous side to the ovary, so as to catch the ovum when it leaves the Graafian follicle." \*

In the case which is here reported let me again call your attention to the fact that during the operation of April 4th, 1898, the right ovary and tube were completely removed, a number four catgut ligature was tied securely about the tube close to the uterus, and a silk suture was tied around the remaining healthy tube in order to prevent conception. This silk suture was tied using sufficient tension to obliterate the lumen of the tube, but especial care was used not to pull it tight enough to cut through the tube. Here exists the possibility of a miscalculation which might have resulted in partial closure of the lumen, or of entirely severing the tube at the point where it was tied close to the uterus. If neither of these conditions obtained, then the only other theory would be that the ovum after being discharged from the left ovary wandered free in the peritoneal cavity, and found its way into the stump of the amputated right tube. There is probably little doubt but that the ends of the amputated oviducts when secured by catgut, will reopen shortly after operation, "be-

\* "Diseases of Women." Garrigues. Page 68.

cause mucous surfaces do not become adherent under the ligature, and the cases in which the ends of the oviducts remain permanently closed are ones in which plastic lymph from the muscularis and peritoneum have sealed over the ends of the closed mucous tubes." \*

Of these two theories this latter seems to me the most probable. Yet we are confronted by the reports of many very unaccountable cases of pregnancy following radical surgical procedures which should have certainly precluded the possibility of pregnancy, and I shall never again assure a patient that conception will not occur.

\* Robert T. Morris, M.D. "Medical Record," Jan. 19, 1901. p. 84.

#### BIBLIOGRAPHY.

Dr. J. J. Chamblis: Extirpation of Both Ovaries Followed by Pregnancy. *Alkaloidal Clinic*, 1898, v. 684.

Wetherell, J. A.: Conception After Ovariectomy. *Lancet*, 1888, i., 823. (Left ovary removed; could find no trace of right ovary.)

Sutton, R. S.: Double Ovariectomy Followed by Pregnancy and Delivery at Term. *Am. Gynecol. and Obstet. Jour.*, 1896, ix., 26. (Discussion.)

Gordon, S. C.: Two Pregnancies Following Removal of Both Ovaries and Tubes. *Jour. Med. and Science*, Portland, 1895-96, ii., 511. *Am. Journal Gynec. and Obstet.*, 1896, ix., 28. *Trans. Am. Gyn. Soc.*, 1896.

Leonard, H. C.: A Case of Confinement Following a Supposed Double Ovariectomy, etc. *Med. News*, N. Y., 1900, lxxvi, 957.

Robertson, J. A.: Renewal of Menstruation and Subsequent Pregnancy After Removal of Both Ovaries. *Brit. Med. Jour.*, 1890, ii., p. 722.

Ross, E. F.: Delivery at Term . . . After Removal of Both Tubes and Ovaries, with Ventral Fixation of the Uterus. *Austral. Med. Gaz.*, 1898, xvii., 61.

## MISCARRIAGE, WITH RESPIRATION IN A FIVE-MONTHS FETUS.

BY WALTER J. GRAVES, M.D.

[ Read before the Boston Homœopathic Medical Society.]

I find that cases of established respiration for a short time in a five-months fetus are rare, and that few have been recorded.

In reporting a case of this kind I would say that my patient, Mrs. P., was thirty-five years of age ; the mother of two children, the latter born eight years ago. There had been no miscarriages, and she menstruated regularly up to June 23d, 1901, after which the usual signs of pregnancy appeared in regular sequence. Quickening was noticed about two weeks prior to Nov. 5th, when, upon returning from a call in the evening, she found the front door of the house open. The lower floor being unoccupied, she ( being accompanied only by her eight years old son ), became frightened by the idea that somebody was hiding in the vacant suite, who would attack her if she entered the house. When, some time later, her husband arrived, and they went into the house, she commenced to have pains, simulating labor pains, and to flow freely.

In the evening of Nov. 8th, three days later, I was called. There was a profuse uterine hemorrhage ; pains very irregular and severe ; pulse and temperature practically normal. I obtained a history of a recent attack of malaria for which she had taken large doses of quinine. I ordered the usual treatment for threatened abortion, and the next morning found her condition slightly improved. Examination revealed a badly lacerated cervix, the external os being practically obliterated. The internal os was slightly dilated, very tense, and contained considerable scar tissue due to a previous instrumental delivery.

Her condition, despite all I could do, remained about the same until the twelfth of November, when at 8 p.m. the internal os had dilated to about one inch in diameter, with labor pains every two minutes. At midnight the os was about two inches in diameter, but the fetal presentation varied continually. I got the head into position by bi-manual manipulation, and the membranes ruptured thereby secured permanent engagement of the head, which, however, could make very little progress, owing to its large size and the tenseness of the os.

The pains continued severe and regular until 2 a. m., when,

the patient becoming exhausted, I let her inhale a little ether, and a few minutes later the fetus was suddenly expelled with considerable force, the ether having overcome the rigidity of the os. At the moment of expulsion the patient lost consciousness, regaining it in a few minutes, to hear the fetus crying.

The head was large, with a large caput succedaneum, and showed evidence of prolonged moulding, just as if it had passed through a bony ring. It was two inches long; the rest of the fetus measuring about six inches, making a total length of eight inches from vertex to heels. Mouth and anus were open, eyelids agglutinated, hair and nails visible. There was a considerable amount of lanugo on the body. Weight, one pound.

It was wrapped in absorbent cotton and placed near the stove. It cried and moved its hands and feet for an hour, when respiration ceased; but by artificial means was restored, and lasted for thirty minutes longer, after which all efforts at resuscitation failed. The fetus was certainly of not over five months development. A well formed placenta was delivered about an hour after expulsion of the fetus, and the patient made an uneventful recovery.

I have been unable to decide whether the miscarriage was caused by the fright, or by an excessive use of quinine, or, whether it was due to a combination of the two. The lacerated cervix may have been a factor, but two years after the laceration occurred she carried a child to term, without any symptoms of aborting. From what I have read on the subject, I conclude that the question of quinine acting as an abortifacient is still an open one; yet, as it is claimed by some authorities to have that property, I am inclined to believe that, in conjunction with the fright and the weakened cervix, it was responsible to some extent in this case.

Recorded cases of established respiration in a five-months fetus are, as I have said, very rare, and I should be glad to learn of others of a like nature.

## EDITORIALLY SPEAKING.

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Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 10th of the month preceding*.

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### VENEREAL DISEASE AND ITS PREVENTION.

Under date of Dec. 21st, 1901, the *New York Medical Journal* presents the "Report of the Committee of Seven of the Medical Society of the County of New York on the Prophylaxis of Venereal Disease in New York City, by Prince A. Morrow, M.D., chairman."

At the very beginning of their labors, the committee was met with the fact that there were no statistics showing the extent of venereal disease in New York, and devoted its energy, principally, to the attainment of this end. It sent out to each of the physicians in Greater New York, the following letter:

NEW YORK, May 1st, 1901.

"*Dear Doctor* : — The committee appointed by the Medical Society of the County of New York, for the study of measures for the prophylaxis of venereal diseases, deems it important to ascertain the amount of venereal morbidity in this city.

As a large number of the cases of venereal disease occurring in our civil population are treated by physicians in private practice, the committee would ask the coöperation of the entire medical profession in securing statistics bearing upon this subject.

As this information is sought for solely in the interest of the public health, and does not in any way violate professional secrecy, the committee trusts that you will answer promptly the appended series of questions and forward to the secretary.

I. The number of cases of venereal disease occurring in your private practice during the past year.

1. Number of cases of gonorrhœa.....
2. Number of cases of syphilis.....



It is also desirable to obtain, where practicable, detailed statistics as to

3.	Cases of gonorrhœa occurring in	$\left\{ \begin{array}{l} a. \text{ Men} \dots\dots\dots \\ b. \text{ Women} \left\{ \begin{array}{l} \text{with pelvic} \\ \text{complications} \dots\dots \end{array} \right. \\ c. \text{ Children} \left\{ \begin{array}{l} \text{Ophthalmia} \dots\dots \\ \text{Vulvovaginitis} \dots \end{array} \right. \end{array} \right\}$	Total, .....
4.	Cases of syphilis occurring in	$\left\{ \begin{array}{l} a. \text{ Men} \dots\dots\dots \\ b. \text{ Women} \dots\dots\dots \\ c. \text{ Children} \left\{ \begin{array}{l} \text{Acquired} \dots\dots \\ \text{Hereditary} \dots\dots \end{array} \right. \end{array} \right\}$	Total, .....
5.	Also as to the origin of the infection, whether from . . . .	$\left\{ \begin{array}{l} a. \text{ Public prostitutes} \dots\dots\dots \\ b. \text{ Clandestine prostitutes} \dots\dots\dots \\ c. \text{ Marital infection} \dots\dots\dots \\ d. \text{ Hereditary infection} \dots\dots\dots \\ e. \text{ Extragenital infection} \dots\dots\dots \\ f. \text{ Unknown source} \dots\dots\dots \end{array} \right\}$	Total, .....

The committee is desirous of gaining the fullest possible information relative to the prevalence of *syphilis insontium*, of gonococcic infection in married life, and of venereal diseases occurring in children.

II. Judging from the results of your observation, are venereal diseases on the increase in this city?

III. What measures, in your opinion, are best adapted to limit or prevent the dissemination of venereal diseases in this city?"

Also a circular letter was sent to superintendents of various dispensaries and public institutions which admit this class of cases.

To the letter sent to the physicians there was a response of only about twenty per cent., and quite a number of these responses were so indefinite as to be of little or no practical value. As it was, there were reported as available for statistical purposes 15,996 cases of gonorrhœa, and 7,200 cases of syphilis.

The committee deems it fair to assume that an equally large

number of cases existed in the practice of those who sent in no reply to the circular letter, which would make the total number of cases of venereal disease in private practice, 162,372.

The committee also expresses the opinion that this estimate is probably far below the actual existing state of things, as this takes no account of the cases treated by advertising "empirics," by druggists, and by vendors of secret nostrums, and the very large contingent who are not treated at all, or who use prescriptions given them by their friends.

A further consideration of the statistics shows that of all the cases of gonorrhœa in women, nearly forty per cent showed pelvic complications. The figures with reference to syphilitic private cases in women, include 61 children with acquired syphilis, and 468 children with hereditary syphilis; and when we call to mind that each surviving child with hereditary syphilis represents on an average five deaths from syphilis, the significance of these figures becomes terrible.

Of the 45 dispensaries and charitable institutions, information was received from 37, which showed a total of 31,708 cases; of these 14,649 were cases of gonorrhœa, 7,607 cases of syphilis, and 9,452 cases which were simply classed as venereal disease. To this should be added a large number of cases in the general hospitals where acute venereal disease is not treated, but where its *sequelæ* are. With these added it would swell the total in institutions to 41,439. At this point we are glad to see that the committee very justly censures certain hospital rules as follows:

"It would seem a strange perversion of the proper purposes of charitable institutions, that a patient is debarred entrance into our general hospitals when the disease is acute, and a source of danger to others, but he is readily admitted when suffering from the remote effects of the disease, which might have been prevented by prompt treatment. Practically the hospitals proclaim to this class of patients: 'We cannot receive you when your disease is acute and curable, but when your gonorrhœa has developed into stricture, salpingitis,

peritonitis, or when your syphilis has affected important central organs, the brain, the spine, the organs of special sense, you may be received, but your disease shall be baptized under another name which does not offend the refined susceptibilities of our patrons.'

The committee must censure the attitude of the governing boards of our hospitals in excluding all mention of venereal diseases from their reports, as if it were a shame and a reproach. While it may be true that a respectable syphilis does not exist, they give the public the impression that it is almost as disgraceful to treat syphilis as to contract it."

This report does not include any of the island institutions, penitentiaries, almshouses, etc., as well as some of the public hospitals, institutions in Brooklyn and other boroughs. The committee conclude that altogether in public and private practice there is a total of about 225,000 cases.

Lack of space prevents our going into more detailed statistics, which have been quite elaborately worked out in this report; but the committee very pertinently, as has been frequently done before, makes the following comment: "We may well ask why certain infectious diseases are elevated to the dignity of a danger to the public health, while another class of diseases, compared with which the morbidity of the former is but a molehill to a mountain, is completely ignored. To take for example smallpox, of which in the year 1899 there were 18 cases and 11 deaths, and in 1900, 99 cases and 12 deaths. All the energies of the health department, with an expensive equipment, a large corps of public vaccinators, were employed in preventing its spread — while the great pox was allowed to feed and batten upon the community unchecked and unnoticed."

As regards prophylaxis, the committee considers it under the head of "Regulation," "Segregation," "Regulation by Board of Health," "Penalizing the Transmission of Syphilis," "Safeguarding Minors," "Education and Treatment." Each of these subjects is quite thoroughly considered. It sufficeth to say that "Regulation by License" is not recommended.

By "Segregation" is meant the enforced separation of certain individuals from their fellows and their collection in one locality in a more or less isolated group. While not recommending segregation, the following quotation: "It will be admitted that in principle prostitution is wrong and that its entire suppression would be the ideal condition; but this condition is not realizable. Prostitution is inherent in the human race; it cannot be annihilated, it is a necessary evil in our social system. We are confronted with the fact that the prostitutes, like the poor, we shall always have with us. In dealing with this evil, speculative arguments, based upon an abstract principle which involves the perfectibility of the human race, should yield to the doctrine of expediency. The most feasible plan appears to be to compel all prostitutes to inhabit houses by themselves. Immoral women should not be allowed to dwell in the same house with moral families. This domiciliary separation should be absolute and complete;" shows that the committee realizes that this is an evil which must be dealt with practically as it actually exists, rather than theoretically according to a standpoint of human perfection which, while desirable, is by no means at present attainable.

Under "Regulation by Board of Health," the committee believe that "the first essential is to awaken the Health Authorities to a sense of their responsibility." There are laws enough now, under which Boards of Health could act effectually, perhaps, as they are now doing in the matter of tuberculosis.

Under "Safeguarding Minors," the committee believes that, inasmuch as a large proportion of infection in women occurs between the sixteenth and twentieth years, and in men between the eighteenth and twenty-third years, much may be accomplished; and the committee suggests, under this head, that the age of consent should be raised, and prostitutes of minor age sent to a reformatory and retained until the age of twenty-one. In addition to this, the penalties for punishing the "Procurers" should be severe, and the law in reference to them most rigorously carried out.

Under the head of "Education and Treatment," we are happy to see that the board recommends what we have before urged in the columns of this journal,—the proper education of young men in the dangers attending this class of diseases. On this point the committee says :

"Those charged with the education of young men in high schools and colleges should instruct them as to the dangers of promiscuous intercourse. Every young man should be impressed with the idea that venereal disease is almost invariably a concomitant of licentious living, involving consequences which may seriously compromise his health, and like an avenging Nemesis come to smite him, it may be, years after he has forgotten his youthful follies. This knowledge should be imparted with tact, discretion, and good sense. The physician would prove a most valuable auxiliary in this prophylactic education. Especially should he correct the traditional belief so universally accepted by the laity that gonorrhœa is a trivial affair, easily cured, and leaving no permanent results. He should also combat the dangerous theory that sexual indulgence is necessary to health. As Sir William Gowers has said : 'No man was ever worse for continence, or better for incontinence.' All medical men, as well as moralists who have studied this question, look upon the promotion of masculine chastity as among the most powerful means of checking prostitution. Prostitution is largely a matter of supply and demand, and all conditions which diminish the demand for prostitutes on the part of men, diminish the supply."

We sincerely hope that the good and thorough work so far done by this committee may not stop here. Its reports should be printed and sent to every member of the medical profession. The committee should be continued for further investigations. Backed by the whole profession, we believe that it could, by combined efforts in both legislative and educational directions, accomplish much good in the prevention of this most dangerous class of diseases.

## SOCIETY REPORTS.

## BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the society was held at the hall of the Boston Natural History Society, Thursday evening, Mar. 6, 1902, at eight o'clock, the President, Frank E. Allard, M.D., in the chair.

At the business session the following resolutions on the death of Alonzo Boothby, M.D., were adopted :

WHEREAS, God has removed from us by death our associate, Dr. Alonzo Boothby, and

WHEREAS, Dr. Boothby was a member whom this society held in high esteem, because of his honest zeal in the advancement of surgery ;

*Resolved*, That we miss his presence, miss his wise counsels and earnest pleadings, and that we mourn his untimely death.

*Resolved*, That we sympathize with his bereaved wife and son, and ask for them the solace of our Father's love.

*Resolved*, That a copy of these resolutions be spread upon our records, and one sent to his bereaved family.

J. W. HAYWARD, HORACE PACKARD, J. EMMONS BRIGGS,	}	<i>Committee</i>
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The section of Gynecology and Obstetrics, F. L. Emerson, M.D., chairman, reported the following programme :

1. "Ventrosuspension and Ventrofixation, a Differentiation." Nathaniel W. Emerson, M.D.

2. "An Interesting Case of Eclampsia." John F. Worcester, M.D.

3. "Report of Cases from the Maternity Hospital." J. Emmons Briggs, M.D.

4. "Miscarriage, with Respiration in a Five Months Fetus." W. J. Graves, M.D.

## DISCUSSION OF DR. EMERSON'S PAPER.

Dr. J. H. Hayward : With regard to ventrosuspension. I am aware that the author of the paper feels that the proper support for ventrosuspension is to the anterior aspect of the uterus, and with that broad attachment it very likely is sufficient and good, but I have grown to believe that, with the narrow ligament, a false ligament that is found there, the better support is just back of the fundus, that is, on the posterior aspect of the uterus, placing the uterus almost in the position of antiversion. At first, it did not appeal to me, but we have had three cases which have gone on to the full term, after suspension had been made, and have seen no difficulty whatever. Finding the uterus in perfectly normal condition afterward, I believe it to be a good method.

I wanted to ask about suturing the bladder to the peritoneum of the uterus. If pregnancy should follow, would it not produce an unnecessary tension on the bladder as the uterus expands? The walls of the uterus must become very much extended, and must draw the bladder well up into the abdominal cavity, perhaps, higher than would ordinarily be the case. This, it seems to me, would put an unnatural tension upon the organ.

Dr. H. E. Spalding : If I understood the paper correctly, the only real difference made between ventrofixation and ventrosuspension, is that, in ventrofixation the uterus is acutely antiflexed, which is a great objection in a case where pregnancy is likely to occur. In ventrosuspension the anterior surface of the uterine body is fixed to the parietal surface, thus maintaining nearly the normal position of the uterus, which is less objectionable. In both operations the writer stitches the walls of the bladder and uterus together.

As a surgical procedure to protect against accidental strangulation of a loop of intestine it is certainly correct. In case of pregnancy, however, as suggested by Dr. Hayward, the traction put upon the bladder has often caused serious cystic troubles, and been one of the immediate causes of miscarriage. With the uterus fixed to the abdominal wall by either method,

gestation is liable to be interrupted, or labor complicated. Literature on this subject gives abundant proof of this. One author claims as many as seven per cent. of miscarriages after ventrofixation, and four after ventrosuspension. Three per cent. of the cases going to term required cesarian section, and a very large percentage, instrumental delivery.

With the body of the uterus firmly fixed to the abdominal wall, as the uterus develops with advancing gestation, the adherent anterior wall becomes thickened, and distention is at the expense of the anterior wall and sides of the uterus. This uneven development has seemed to interfere with normal uterine contractions at time of labor, so that the thick anterior wall presents at the pelvic brim, the os being directed backward towards the sacrum. Moreover, the abnormally thin posterior wall of the uterus predisposes to rupture, which has actually occurred in a few instances. Many cases, indeed, go through gestation and labor without complications. In some of these the adherent surfaces were probably not extensive, thus allowing the peritoneum to stretch away from the loose sub-peritoneal tissues into a narrow band. In other cases it is known that the uterus breaks entirely away from its anchorage, the retroflexion recurring after delivery as bad as ever. As a post-climateric operation it is certainly most valuable, and beyond criticism, but it seems to me that we should go slowly in advising either fixation or suspension during the child-bearing period. If the conditions are so urgent as to demand either operation, safety would seem to demand that the ovaries be removed at the same time. This protects against the dangers attending gestation and labor in these cases.

Dr. Southwick: The point has been made whether fixation should be made on the anterior or posterior wall. If the uterus is suspended from the abdominal wall in such a way that there is ample room for the uterus to develop, labor will come on at the usual time and is likely to be normal. If you suspend the uterus from the posterior wall there is not room for development, and you are more likely to have trouble. When



we do this operation, the attachment should be made a little anterior to the line of the round ligament, where there is plenty of room, for there the uterus is swung forward and receives the pressure from above. If the uterus is suspended in that way, there is little room for the development of the fetus. If we are at all sceptical, the uterus may be suspended by the round ligament. The slack of the round ligament is taken up by drawing a loop through the abdominal wall and fastening it to the aponeurosis. The operation is a simple one. The uterus is suspended by the round ligaments and the fundus is not attached in any way to the abdominal wall. It has attracted a good deal of attention as a better operation for child-bearing women. I do not believe in attaching the bladder to the uterus for the reason already given.

Dr. W. F. Wesselhoeft : Sewing the peritoneum over the bladder to the anterior surface of the uterus up to the lower angle of the wound, seems to me an excellent addition to the operation of suspension. It prevents a cord forming, around which strangulation of the bowel could occur if by any chance the attachment of the uterus to the abdominal wall should stretch out. We know such stretching sometimes occurs, and we know strangulation has followed, so this simple measure avoids an actual danger.

Suspending the uterus after the removal of both tubes and ovaries I believe is of great value. I have seen cases return where such removal has been done, with partial relief but not a cure, and where the symptoms were due to a retroverted uterus, following the operation. Prevention of such a condition can be very satisfactorily accomplished by suspending at the time, and many women may be saved subsequent operation for suspension or removal of the uterus.

In women who may become pregnant I believe an operation recently advocated by Dr. D. Tod Gilliam to be of great promise. The uterus is suspended by means of the round ligaments on each side, and, instead of merely attaching the ligament to the peritoneum, or muscle, he draws each ligament through a separate opening in the abdominal wall, and sews

it to the aponeurosis of the external oblique. Here a very firm support is given, and the uterus is unhindered in its development if pregnancy takes place.

The operation of fixation of the uterus for procidentia, I believe to be the most satisfactory operation for that condition yet devised. Operations upon the relaxed tissues below are notoriously unsatisfactory, many of them mechanically delusive. A strong fastening is gained by sewing the uterus to the muscles, and the procidentia overcome.

#### DISCUSSION OF DR. WORCESTER'S PAPER.

Dr. Briggs: In discussing a paper on puerperal eclampsia, I feel, as I think all of us must, when called in consultation, practically helpless. These are cases that fill us with dread. One-quarter of all cases, where convulsions appear in the later months of pregnancy, are fatal, the mortality of children is about one-half. It seems to me that our treatment of these cases, if possible, must be begun before confinement, and that we can do a great deal in warding them off, for, if once established, we are practically helpless to prevent their running the natural course, which terminates fatally. We do not know the real cause and are thus handicapped. We believe now it is a sort of toxemia, which has at first an exciting, and later depressing effect on the nervous system and the heart. We have learned through the pathologist that the disease is attended by numerous symptoms which would indicate that the toxin has a sort of coagulating effect on the blood. I have seen many cases, and have been unfortunate enough to lose a number of them. If we see the approaching calamity, what can we do to prevent it? The treatment should be methodical, by dieting and careful attention to exercise. The question arises whether at an early day, before convulsions have appeared and before full term, such cases should be operated on and forcible delivery made. In treatment the use of saline transfusion is of great importance. It acts beneficially, and has in my experience either permanently or temporarily relieved the most distressing symptoms.

Dr. Southwick: In these cases of eclampsia we find the

cervix is nearly, or tightly, closed. I have tried various methods, and the best known to me is the Champetier rubber bag. It is a very effective agent in producing dilation, doing it rapidly and easily. I can commend this bag to your use as an agent that has served me well. It is entirely different from the ordinary bag; is cone shaped, the apex of the wedge being from above downward. The connecting rubber tube should be strong enough to permit some traction.

Dr. Hopkins: I would like to inquire if any one has had experience with the Russian method used by a physician in St. Petersburg. He reports fifty odd cases, with no deaths. His idea is that eclampsia is an intoxication and that there is not enough oxygen in the blood. He gives the patient inhalations of large quantities of oxygen. The report of the Massachusetts Lying-In Hospital mentions this treatment, reporting nine cases, with one death. The value of this method of treatment may not appeal to all, but the figures, if correct, must compel our attention. Personally, I have seen but few cases, and the few who have recovered have done well.

Dr. H. E. Spalding: I want to emphasize the suggestion that has been made that measures be taken to prevent our patients having eclampsia. A puerperal woman should be under observation during the whole time of pregnancy. I believe many cases could be protected and saved from disease of this kind, if watched, especially as regards the action of the kidneys. Personally, I object to taking cases, unless I can have the oversight of them for at least two or three months previous to confinement. In January I had a maternity case which was a perfect nightmare to me. I knew nothing of the woman, except that application for admission had been made. Labor progressed naturally and nothing seemed the matter. Delivery was accomplished at noon. At 11 o'clock she was in convulsions. I have never felt more helpless. I did not know anything about the previous condition of the woman. The family physician knew that eclampsia was imminent and that was the reason why she was sent to the hospital. She remained in convulsions practically until she died. We used

the various well-known remedies. After the administration of saline solution, sub-cutaneously and per rectum, she went three hours without having a convulsion, then had a slight one. Later she was bled and intravenous saline given. I think ordinarily, there is enough loss of blood during delivery without drawing any more. Perhaps it would have been as well to have administered the saline solution without drawing the blood also. The patient died in twenty-four hours.

In another term of service a woman came in a semi-comatose condition, with convulsive movements. It was impossible to get liquids to stay in the stomach or rectum. We tried various methods of treatment, but all in vain. Injections of salt solution under the breasts gave partial relief, showing that was what she wanted. I resorted to another measure, a rather desperate one. I introduced something more than two quarts of normal solution into the peritoneal cavity. The change was marvellous, in forty-eight hours she was delivered and made a good recovery, which, I believe, we could not have accomplished under any other treatment. Only day before yesterday, a woman, who had been confined six days before, went into convulsions after an enema. There was no reason for puerperal convulsions on the sixth day, and there must have been some predisposing cause. She claims never to have had any such attack before; is all right today apparently; urine normal. I must say I have tried several times without effect *veratrum viride*, though some claim it will reduce the pulse and the patient be relieved.

I want especially to urge that we watch our patients beforehand, and if there is any possible hint of eclampsia, that we take all possible means to protect them against the impending danger.

Dr. Southwick: Watch the pulse. If I find the pulse going tense and harder, I give ten drops of the green tincture of *veratrum viride*. If that is not enough to soften it I repeat the dose. You can not use it in too small quantities. The dose must be large enough to amount to something.

Dr. Earl: Dispensary patients, as a rule, do not have

eclampsia. It is not the scrub women, the hard working women, who have eclampsia, but it is the wives of clerks and mechanics, not the wealthy class, but perhaps hardly well-to-do, yet who are by no means hard working people. Those are the sort of people who have eclampsia. It is the indolent woman with a lazy pair of kidneys and lungs, lazy skin and intestines. A woman who keeps those four organs in good order is not very likely to have eclampsia.

I have come to shun drugs in eclampsia, but apply hot water and flush the system with salt and water, by the skin and through the bowels, and try to get the poison out or dilute it. When the patient is in convulsions, it is too late for drugs, in my judgment. Too much emphasis is put upon the kidneys, the skin and lungs are almost as important.

Dr. Colby: I think we are very apt in our enthusiasm over urine analysis and uremic toxins, to forget that the constitution of the patient has fully as much to do with it as any amount of uremic poison. I concluded long ago that I could tell nothing about it. I have had cases where the urea was so small and the albumen so large I expected convulsions, but they did not occur, and I can not explain why many cases of eclampsia did not occur when expected.

Dr. Newton: I have seen a few cases. I have had cases of excess of albumen, but they were not cases where eclampsia occurred. The cases of eclampsia have come on unexpectedly. I question whether these are the cases that have eclampsia, where we get albumen. I had one case where the child was born before I got there. In another case I was called because the woman was having convulsions. I saw the case about nine o'clock, and the child was not delivered until between seven and eight. It was dead. I might have been criticised for the delay. The reason for it was, I could not make up my mind to take the great risk. I administered ether and convulsions followed with slight rupture of the cervix. Convulsions were frequent after delivery, but I did not find any albumen and have not since. The premonitions of eclampsia we do not get, it is generally a surprise to us.

Dr Earl : Illustrating the point Dr. Colby made, that susceptibility on the part of the patient has a good deal to do with it, a case within two weeks has come to my knowledge, which had been watched by a member of this society. You would believe that any woman would be safe in his hands. The patient, thirty-five years of age, was perfectly well ; had been in town the day before ; had taken dinner as usual with the family. Labor came on at 10 p. m. ; at 4 a. m., the doctor, thinking labor might be hurried, asked me to go and help him with the forceps. In a half an hour she had a convulsion, another in an hour and a half ; a third after the same interval and died in the convulsion. Anything more startling than that I can not imagine.

H. O. SPALDING, *Secretary.*

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#### ANNOUNCEMENT—AMERICAN INSTITUTE OF HOMŒOPATHY.

Dr. G. J. Jones, chairman of the local committee in Cleveland, announces that all arrangements are rapidly being completed for the meeting of the American Institute of Homœopathy in Cleveland in June. One of the principal features of the week will be the coming together of the various college alumnae, forming a grand college alumni association. Special rooms will be assigned the alumnae in the Hollenden Hotel, and, on one evening, in its large assembly room, there will be a gathering, with music, singing and speeches. On another evening a reception, ball and banquet will be given at the Colonial Club on Euclid avenue. The usual first night opening services, addresses of welcome, President's address, etc., will be held in the Chamber of Commerce Building, where all the meetings of the Institute will be held. The memorial exercises are also suitably provided for.

On Saturday, the Erie Railway has tendered an excursion to Cambridge Springs, Pennsylvania, where the visitors will be the guests of the Hotel Rider. During June Cleveland is

famed for its beautiful weather and its cool nights. It is justly called the "Forest City," with its miles of paved and shaded streets. It has fine boulevards connecting its many beautiful parks and waterways, and an unparalleled system of trolley lines. The meeting place and the hotels are adjacent and in the very heart of the city, accessible to the railways, places of amusement, the principal stores, and points of interest. A cordial and most hearty welcome is extended to every homœopathic physician—and his wife—to meet in Cleveland this summer with the American Institute of Homœopathy.

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## BOOKS AND READING.

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Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked NEW ENGLAND MEDICAL GAZETTE, and sent to the publishers, Otis Clapp & Son, 10 Park Square, Boston.

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PRACTICE OF MEDICINE CONTAINING THE HOMŒOPATHIC TREATMENT OF DISEASES. Ly Pierre Jousset, M.D., Physician to Saint Jacques Hospital, Paris, etc. Translated by John Arschagouni, M.D., graduate of Hahnemann Medical College and Hospital, Philadelphia, Pa., etc. New York: A. L. Chatterton & Co. 1901. pp. 1079. Price, cloth, \$7, *net*; half morocco, \$8, *net*.

The homœopathic profession in the United States is to be congratulated upon this practically new work, translated as it is from the third revised and greatly enlarged French edition, the author's unpublished manuscript having been used, a manuscript representing fifty years of clinical experience.

The scope of this valuable contribution to medical literature is indicated by its principal divisions, viz.: Constitutional diseases, including gout, rheumatism, etc.; diathetic diseases, such as cancer, purulent diathesis, etc.; cachexia; fevers, subdivided into eruptive, continued, and intermittent; pestilential diseases; neuroses; diseases peculiar to various ages; communicative diseases; parasitic diseases; poisoning; asphyxia. In the second half of the book, lo-

calized affections and diseases are discussed under clinical description, etiology, morbid anatomy, diagnosis, prognosis, and treatment. The indications for the use of remedies are specially worthy of commendatory notice as being clearly and briefly given, and in each case such as are essentially distinctive.

We know of no recent work of this character that will be of more practical value to the consistent follower of the homœopathic school of treatment.

**DISEASES OF WOMEN: A MANUAL OF GYNECOLOGY DESIGNED ESPECIALLY FOR THE USE OF STUDENTS AND GENERAL PRACTITIONERS.** By F. H. Davenport, A.B., M.D., Assistant Professor in Gynecology, Harvard Medical School. Fourth edition, revised and enlarged. Philadelphia and New York: Lea Brothers & Co. 1902. pp. 405. Price, cloth, \$1.75 *net*.

That the majority of the more common departures from the normal included under the term of diseases of women, should be thoroughly understood and successfully treated by all well-educated physicians, is sound doctrine. The more commonly met with disorders of menstruation, displacements and inflammatory processes should not be beyond the therapeutic skill of the general practitioner.

It is not necessary for one with the experience of years, to make an exhaustive study of this specialty; but it is necessary that all should to be familiar with modern methods of diagnosis and treatment. The gist of these, in the light of the best present day teaching, is set forth in Dr. Davenport's book. Because it is eminently simple and practical, it will be, for the student, a help to the fuller instruction he must necessarily receive. At the same time the graduate, already well informed, may save the expenditure of time and money involved in the purchase and perusal of voluminous writings, and obtain that serviceable information which will enable him to give relief in most of the gynecological cases which naturally come first to the family physician.

**THE PSYCHIC AND PSYCHISM.** By A. C. Halphide, A.B., M.D., B.D., etc. Chicago: Author's Publishing Co. 1901.

This work of over two hundred pages, treats in twelve chapters of Psychism, the Psychic, Psychic Development, Suggestion, the Rationale of Psychopathy, Telepathy, Clairvoyance and Clairau-



diance, Psychometry, Sleep and Dreams, Somnambulism and Trances, Spiritism, and the Future of Psychism.

The book is the result of the author's work and study as a member of the Esoteric Extension.

At the present time when so much is being said about the various manifestations of psychism, it is well for all physicians, at least, to know something about it, and for those who have neither the time nor inclination for extended research, this book will give them just what they want. It is simple and well written, devoid of verbiage or tedious discussion, and it is, withal, in many parts, most interesting reading.

**OPHTHALMIC DISEASES AND THERAPEUTICS.** By A. B. Norton, M.D., Professor of Ophthalmology in the College of the New York Ophthalmic Hospital, etc. Third edition, revised and enlarged. Philadelphia: Boericke & Tafel. 1902. pp. 659. Price, cloth, \$3, *net*; half morocco, \$4, *net*.

In twenty-three carefully written chapters, Dr. Norton shares with us his knowledge of the best methods of examining the eye, of the use of the ophthalmoscope, of refraction and accommodation of the eye, dioptry, hygiene of the eye, diseases and affections of the eyelids, lachrymal apparatus, orbit, ocular muscles, conjunctiva, cornea, sclera, iris, ciliary body, choroid, retina, optic nerve, vitreous body, crystalline lens, etc., and discusses sympathetic ophthalmia, amblyopia and amaurosis, and glaucoma.

Not the least valuable portion of the book is that given to ophthalmic therapeutics and a clinical index. Under therapeutics, the application of selected remedies is indicated by guiding symptoms, subjective, objective, and clinical, besides those relating chiefly to abnormalities of vision. Practical materia medica is also incorporated into each chapter bearing upon individual diseases.

We know of no book on the eye better adapted to the requirements of homœopathic practitioners. It evidences both knowledge and common sense; large experience and the broader education and training which make a man an acceptable teacher and writer.

**ANNOUNCEMENT: CARLETON'S UROPOIETIC DISEASES.**—A third enlarged and revised edition will appear in April, and will contain the latest surgical, general medical, and homœopathic treatment. The book consists of four hundred pages, and the price will be \$3.50. The well known firm of Boericke & Runyon are the publishers.

INTERNATIONAL HOMŒOPATHIC MEDICAL DIRECTORY. London: Homœopathic Publishing Co., 12 Warwick Lane, Paternoster Row, E. C. 1902. pp. 126. Price, 50 cents.

The addresses of prominent homœopathic physicians in Great Britain, Australasia, British America, Cape Colony, India, China, Continental Europe, Central America, South America and the United States, may be found in this convenient directory now in the eighth year of its publication. The list of practitioners representing the United States is short, but will doubtless be greatly extended another year.

Any homœopathic physician in America by subscribing for the directory at the rate of one dollar, can have his name, address, and office hours inserted in the next edition. Much information regarding homœopathic societies, hospitals, dispensaries, medical works and journals, is also contained in the directory. Homœopathic veterinarians and chemists are mentioned, and whenever possible helpful explanatory items of interest have been added.

ANNALS OF SURGERY: A Monthly Review of Surgical Science and Practice. Philadelphia: J. B. Lippincott Company.

We desire to call special attention to the subscription price of this monthly journal which is \$5 a year, and not \$3 as previously erroneously stated. In addition to exhaustive papers upon subjects relating to surgery, the "Annals" gives reports of the proceedings of such leading societies as the New York Surgical Society and the Chicago Surgical Society. A summary of surgical progress keeps readers in touch with what is being accomplished at home and abroad by the most skillful and expert surgeons.

ANNOUNCEMENT: A timely TREATISE ON SMALLPOX to sell at \$3, is announced for publication early in April by J. B. Lippincott Company. It is written by Dr. George Henry Fox, Professor of Dermatology in the College of Physicians and Surgeons, New York City, with the assistance of able collaborators. The work is to be in atlas form, similar to "Fox's Photographic Atlas of Skin Diseases," published by the same house, and will describe all phases and treatment of smallpox in detail. Numerous colored, as well as black and white photographic plates will be a strong feature of the book.

## THE SPECIALIST.

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Under this heading will appear each month items bearing upon some special department of medicine; this month "Obstetrics," next month "Therapeutics."

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**PUERPERAL INFECTION.**—The advances in pathology and bacteriology now place puerperal infection among the wound infections, differing in no other way from those in other portions of the body, except in its anatomical relation. The importance of realizing this, and treating all cases with surgical asepsis, cannot be over-estimated, especially since the investigation of Baum, Kronig, and Williams have shown that in the large majority of cases the normal vaginal secretions are sterile, or, if bacteria are present, they are harmless.—*Virginia Med. Semi-Monthly.*

**THE POST-PARTUM DOUCHE.**—Some years ago I was an ardent advocate of the vaginal douche upon even slight indication and I have used the intra-uterine douche with signal advantage; but as years pass by I find less and less use for this kind of treatment. A very foul lochia, due to decomposing blood-clot or retained secundines, especially if accompanied by symptoms of constitutional infection; a sinus discharging pus into the vagina or womb; a purulent leucorrhœa present before and during labor; these and such like constitute positive indications for the use of the douche during the puerperium.—*Dr. J. G. Cecil in Hom. Jour. of Obstetrics.*

**EXPELLING THE PLACENTA.**—Dr. W. Zangemeister uses this method of expelling the placenta. In an interval of pain, the uterus is squeezed by the fingers at different places on the sides, anteriorly and posteriorly, sufficiently strong to make indentations. This is repeated during two or three intervals. By this means the placenta becomes loosened from its site so that it can be easily expressed after two or three good contractions during a pain. Inversion is impossible by this method, as the indentations are not made at the top of

the fundus, but at the sides, in front and behind only.—*Clinical Reporter*.

**AUTO-INFECTIONS OF PREGNANCY.**—The kidneys provide the most virulent toxins, by throwing into the circulation an excessive amount of urea, which, coming in contact with the nerve centres, produces serious nerve symptoms. Another source from which toxins are absorbed is the intestinal canal, particularly the colon. Here the colon bacillus may excite such a degree of fermentation that serious inflammatory conditions will result. The liver and skin, if not kept freely acting, may also be indirectly, at least, further sources of infection. The portal circulation should be kept free, thus allowing the contents of the bowels to receive the antiseptic action of the bile thrown into them.—*Hom. Jour. of Obstetrics*.

**CHARACTERISTIC SYMPTOMS OF TUBAL PREGNANCY** — 1st. A delayed period of menstruation, being usually two to three weeks later than usual, and during this time a sense of "soreness" or "fullness," or if distension, an "indefinable sense of discomfort" through the pelvis; also a feeling of fulness or a perceptible enlargement of the breasts more pronounced than is usual during the menstrual period. 2nd. The appearance of a menstrual flow two or three weeks after the usual time, the flow being less profuse and intermittent, sometimes "only a show," but continuing beyond the usual time. 3rd. Sudden attacks of intense pain, "sharp," "tearing," attended with faintness.—*Minn. Hom. Magazine*.

**REPAIR OF PARTURIENT INJURIES.**—It is not safe to watch lacerated cervices for possible malignancy. It is bad surgery. Emmett says 95 per cent. of perineal lacerations repaired early are cured and the other 5 per cent. fail from poor nursing. The same rule holds more eminently in the case of recent simple tears of the cervix, because infection cannot come from the rectum and external sources. Parturient injuries of every kind should have immediate attention. It is a crime not to restore the vulva and cervix to perfect anatomical structures. A gaping vulva, wide vagina, everted os, mean invalid-

ism to women. Approximation of parts is all that is required. . . . There is no more important work to be done for child-bearing women by their physicians, none more easy, if the proper principles are applied in the best way.—*Phila. Medical Jour.*

CRIMINAL ABORTION.—Every true physician should be aroused to a keen appreciation of the moral and professional importance of this subject, and he, in turn, should strongly impress upon every one who applies to him for such service that, from a biologic standpoint, the operation, unless absolutely necessary to save the mother's life, is plain, simple murder and cannot be extenuated in any manner whatsoever. At the same time, the terrible physical evils which may and do frequently follow should be strongly impressed upon the mind of the applicant and the moral infamy of the offense seared into her very soul, if such a thing be possible. Then, too, every medical society in the land should set the seal of its emphatic condemnation on the offense, and should ignominiously expel any physician guilty either of its perpetration or of connivance thereto. . . . Laws, with severe penalties for their contravention, should be enacted, prohibiting newspapers from advertising, and druggists from selling abortifacient remedies, except on prescription of properly-licensed physicians. Such laws, if properly enacted and rigidly enforced, would, we believe, prevent a great many of these crimes, and have a very salutary effect in awakening the people to the enormity of this offense.—*Medical News.*

PREPARATION FOR LABOR.—A few remarks as to the preparation of the patient for labor are essential. The hair around the vulva should be cut short, and the patient given a bath; or, if this is impossible, the external genitals, perineum, and surrounding parts should be scrubbed with a brush and green soap, washed off with a 1 to 1000 bichloride solution, and a gauze pad or towel soaked in the same solution, laid over the parts. The clothes of the patient, the bedding, and the obstetrical pad, should all be fresh and clean. Vulval pads,

made of antiseptic gauze and cotton, or from ordinary cheese-cloth boiled, should be kept over the vulva during labor, and pledgets of cotton soaked in a 1 to 1000 bichloride solution should be kept to wipe off the discharges from the vulva ; and in the second stage, the feces, as it emerges from the anus, should always be wiped away in a backward direction.

The ante-partum and post-partem douche as a routine are to be avoided. They are to be used only when the vaginal secretions present marked abnormality. Investigation by Williams and others show that bacterial influence of the vaginal secretion is very much lessened by douches.— *Virginia Med. Semi-Monthly*.

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#### ABSTRACTS FROM BOOKS AND JOURNALS.

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NURSING IN TYPHOID FEVER.— Give me an intelligent trained nurse in a case of typhoid fever, and I will guarantee you almost absolutely to take the patient through the attack safely.— *Dr. Chas. Moir*.

STATE RECIPROCITY IN MEDICINE.— No state should allow any other state to challenge the usefulness of its examiners by a refusal of reciprocity without demanding an explanation, and, if to blame because of inferior examinations, correcting the evil and putting itself in line with the best.— *Merck's Report*.

INDISCREET IMBIBING.— Uncle Jack returns from a long walk, and, being thirsty, drinks from a tumbler he finds on the table. Enter his little niece, Alice, who instantly sets up a cry of despair. *Uncle Jack* — What's the matter, Allie? *Alice* (weeping) — You've drunked up my aquarium, and you've swallowed my free pollywogs! — *Harvard Lampoon*.

MEAT JUICE: WHEN UNSUITABLE.— Meat juice is contraindicated in very young children, owing to its exciting effect on the nervous centers, and the loading of the system with

extractives which tax the excretory organs. Its free use leads to nervousness, anemia, rheumatism, valvular disease of the heart and chorea.—*Dr. J. E. Winters.*

ERADICATION OF UTERINE CANCER.—If cancer of the uterus is ever to be eradicated we must depend upon the clear, characteristic clinical picture of the disease in the mind of the family doctor. . And this picture is perfectly characteristic, the main features being age, hemorrhage, leucorrhea, and emaciation, the latter the most variable.—*Internat. Jour. of Surgery.*

INTUITIVE DIAGNOSIS.—Intuitive diagnosis is a term applied to those methods which are employed for detecting disease during life without the assistance of the patient or of artificial aids. These methods are inspection, audience, olfaction, palpitation, and the use of that peculiar psychic faculty known as "your wits." The most important of these are inspection and your wits.—*Minn. Hom. Jour.*

HEIGHT INCREASED BY ELECTRICITY.—Dr. Springer, of Paris, has a method to make one grow tall. This is to apply static and faradic electricity to the knee-joints daily in connection with massage, night and morning. He binds the joints in compresses saturated with salt water each evening, and puts his patient upon a diet of cereals to promote the growth of cartilage.—*Phila. Med. Jour.*

TUBERCULOUS MENINGITIS IN CHILDREN.—Injury is very rarely an exciting or predisposing cause; the respiratory tract is the great channel of infection; the alimentary tract is rarely primarily infected; tuberculous milk is rarely if ever the source of infection. Limitation of the disease to the meninges is very rare. The prognosis is very hopeless on account of the extent of the tuberculous disease elsewhere. The evidence obtained from the examination of the brain shows that operative treatment may be discarded as experimental rather than useful.—*Pediatrics.*

MANAGEMENT OF TYPHOID FEVER.—There is one thing that physicians oftentimes overlook, and that is the necessity

of insisting upon all typhoid fever patients drinking large quantities of good, pure, sterile water. This is a rule that is oftentimes overlooked, not only in this disease, but in all infectious diseases. The water lessens emaciation, promotes diaphoresis and diuresis, etc. In typhoid, particularly where the kidneys play such an important rôle in the elimination of the toxins, both typhoid and intestinal, large quantities are especially indicated.-- *Amer. Pract. and News.*

MOSQUITO TRANSMISSION OF YELLOW FEVER.—In June, 1901, isolation and rigid quarantine in Havana were abandoned, and disinfection of clothing was stopped. Careful screening was the only preventive measure insisted upon. Since September, 1901, not a single case of yellow fever has been reported in Havana where the disease has been epidemic for the past 150 years — not a month going by without more or less yellow fever.— *Phila. Med. Jour.*

CAUSES OF CATARRHAL TROUBLES.—The dry, hot air of the modern dwelling is undoubtedly the most prolific of all the predisposing causes of catarrhal troubles. The mucous membranes are thus placed in the worst possible condition for resisting the impression of the outside atmosphere. Their natural protective secretions are not only decreased, but the blood supply of the air passages becomes relatively superabundant, congested, and sluggish, and the beginning of the end is evident enough.— *Medical Record.*

NUTRITIOUS DRESSINGS FOR WOUNDS.—Nutritious dressings are those which contain some form of pre-digested nourishment, such as bovine, protonuclein powder, enzymol, etc. If these dressings are infected I believe they act as a pabulum for the germs to feed upon. The surface should be cleaned at each dressing, with an antiseptic wash followed by sterile water. By these dressings I have prevented amputations. By their nutriment value these dressings will clear up a wound where a plain antiseptic dressing would take weeks to bring about a healthy condition.— *Dr. C. L. Rumsey in Amer. Med. Monthly.*



**DIAGNOSIS OF SHOCK.**—The only conditions which might be mistaken for shock, are inward hemorrhage, extreme form of sepsis, and fatty embolism. In inward bleeding we do not have an incontinence of sphincters, delirium or convulsive movements and stupor, as may, and often does occur in shock. In sepsis, the previous history of case will suffice. In fatty embolism, the time at which accident occurs will readily tell us the nature of the trouble, it being a special danger of fractures and laceration of, or operation upon, fatty tissue.—*Oklahoma Med. News Jour.*

**TECHNIQUE OF CIRCUMCISION.**—The technique of the operation is as follows: The foreskin should be drawn out by the left hand, and held between the two blades of the forceps, and then cut straight off along the edge of the forceps; after this, turn the mucous lining up as far as possible so as to uncover the glans. Interrupted sutures either of silkworm, gut or catgut should be used; first passed through the margin of the incision, in order to draw together the edge of the skin and the mucous lining of the prepuce.—*Hom. Jour. of Pediatrics.*

**IMMIGRATION AND INSANITY.**—There are few hospital records that will show less than forty per cent. of the inmates to be foreign born, while the majority will show fifty per cent., and even more, to have been immigrants to this country. Making all due allowance for changed conditions, stress of environment and longings for home as adequate causes for insanity in the mentally sound, there is still a large number of aliens that come to our shores mentally unstable. Our seaports are perhaps better guarded than formerly, but there is still much to be desired, as well as required, in the way of prevention of the "dumping" of this sort of waste material upon our shores. Canadian seaports are unguarded, and consequently there the undesirable immigrant, if not invited, is certainly not excluded and, like the Mongolian, finds his way into "the promised land" along our extended border. It is time that the law-making power realized these facts and more securely guarded our country, not only from the anarchist, but from others "conspicuously unfit" — the weak-minded, degenerate, and insane.—*Providence Medical Journal.*

COLLEGE, HOSPITAL AND LABORATORY NOTES.

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THE United States Army general hospital at San Francisco is nearly filled to the capacity of its 450 beds, and recommendation has been made to the Surgeon-General that such cases as can be moved with safety be transferred to other hospitals, so as to make provision for sick soldiers now returning from the Philippines.

YALE UNIVERSITY announces that, hereafter, a student in the academic department who intends to take up medicine, can so arrange his studies in the last three years of his academic course as to cover the work required in the first year in the medical school, thus shortening the time actually spent in the latter to three years.

THE medical profession is receiving many accessions yearly. It is reported from Washington that the census indicates that there are 155 medical schools in the United States, whose teachers number 5,958 and students 26,147. There were 5,444 men and women graduated last year.

HARVARD UNIVERSITY INFIRMARY, the gift of Mr. James Stilman of New York, is now completed. For the present, it will probably be conducted like a private hospital, with charges as moderate as they can be made. Poor students may have free medical treatment there by the college physician, and those whose means allow can obtain the services of their own physicians.

THE SCHOOL OF MEDICINE, in Constantinople, has requested the municipal authorities to take back the diplomas of doctors, pharmacists, vaccinators and midwives who have died, so that other members of their families may not practice under cover of such diplomas, it having been discovered that this is a common practice.

THE Prussian Government has set aside 20,000 marks for further study of means of prevention and early diagnosis of typhoid fever; 10,000 marks to the Committee for Cancer

Research, and 53,000 marks to be applied to the erection and support of a cancer ward and laboratory in connection with the Charité Hospital at Berlin.

THE UNIVERSITY OF PENNSYLVANIA will open a summer school the last of June for the especial benefit of practising physicians, who do not have the advantages of living in large centres of medical instruction. The work will be entirely post-graduate and largely in the nature of research. Courses of instruction will be offered in twenty-five specialties, and will be arranged to suit the students. All the leading professors in the undergraduate school will have charge of the courses, and when the new laboratories are completed, the number of courses and facilities of the summer school will be doubled.

THE annual reunion and banquet of the alumni association of the Hahnemann Medical College, Philadelphia, will be held on Thursday, May 15th, 1902. The business meeting will convene at 4.30 p.m. in Alumni Hall, Hahnemann Medical College, Broad street above Race, Philadelphia, and the banquet will be held at 9.45 p.m. at Horticultural Hall, Broad street above Spruce. Banquet cards can be secured by notifying the secretary, W. D. Barter, M.D., 1533 South 15th street, Philadelphia, not later than May 14th. The trustees and faculty of the college extend a cordial invitation to all the members of the alumni and their friends to attend the fifty-fourth annual commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, S. W. corner Broad and Locust streets, Philadelphia.

THE METROPOLITAN HOSPITAL of New York, gives notice of its annual competitive examination for internes, to be held at 75 W. 50th street, at 2 and 8 p.m., May 2, 1902. The hospital offers unusual opportunities for perfecting professional knowledge of physical examination, general medicine, surgery and pathology. There will be seventeen vacancies, three to be filled at once, five on June 1, and the remainder on completion of the building, on Dec. 1, 1902. The term of service varies from a year to eighteen months, the choice de-

pending on the examination. With letter requesting entrance to the examination, a letter of endorsement from the secretary of your college faculty and two from business men will be required. Candidates should address B. G. Carleton, M.D., chairman, committee on examinations, 75 W. 50th street, New York City.

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### PERSONAL AND GENERAL ITEMS.

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DR. FRANK E. ALLARD has removed from Hotel Kensington to Hotel Ericson, second door from Massachusetts avenue, west, 373 Commonwealth avenue, Boston. Hours, 11 to 1, 4 to 6; Sundays, 3 to 5.

DR. ELIZA T. RANSOM, whose specialty is nervous diseases, announces consultation hours from 1 to 3.30 daily, at Hotel Ericson. The address as above.

LEPERS in the Philippines are to be segregated. An uninhabited island about two miles long by one mile wide, well watered, and lying north of Luzon, has been selected as a place for a Philippine Leper Colony. The name of the place is Barri Island.

THE Illinois Homœopathic Medical Association will meet in Chicago, May the 13th, 14th, and 15th, on the seventeenth floor of the Masonic Temple. A banquet will be given Wednesday evening at the Auditorium Hotel, to the visiting members outside of Cook county, by the resident physicians.

PARKE DAVIS AND COMPANY, manufacturing pharmacists in Detroit, propose to issue 4,000 shares of stock, and permit the oldest employees, especially those in important positions such as managers, superintendents and foremen, to purchase it at the rate of \$55 a share, the market value being \$70, and the face value, \$25 per share. The firm believes it will be good business policy to have its leading employees interested in the profits.

# THE NEW ENGLAND MEDICAL GAZETTE

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## ORIGINAL COMMUNICATIONS.

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### INTESTINAL ADHESIONS.

BY WM. F. WESSELHOEFT, M. D.

[ Read before the Massachusetts Homœopathic Medical Society. ]

Believing that every pathological condition, common or uncommon, in the realm of abdominal surgery is well worthy of discussion, I have chosen as a subject for consideration a case in which a second laparotomy was performed to relieve symptoms caused by an adhesion of the bowel.

*G. L. T.*, age 35, a powerfully built man, a pattern maker in an iron work establishment, was operated upon for appendicitis, three years before the time he came under my care. Twelve years before this first operation he had had an attack of appendicitis, and again a very severe one one year before. After recovering from this last attack he had had constantly more or less trouble in the region of the appendix, with pain and tenderness. He was then operated upon by Dr. Winn. The appendix was found bound down considerably by adhesions and doubled upon itself. It was removed and the abdominal wound closed tight without drainage. The wound healed by first intention.

After this he went along well for several months at work, when he had an attack of "bladder and kidney trouble," which

laid him off from work for a time. He recovered from this and kept about his work until about one year before he came to me, when the examination of the urine showed it to be normal. During this past year he had had several attacks of sharp pain in the abdomen, so severe as to make him lay off from work for a week or more at a time, and these attacks were becoming more frequent. Nothing that he knew could be ascribed as a cause, except that sometimes they seem to have followed rather hearty eating. He was of temperate habits in every way. At times he would be entirely free from pain, and again he would have discomfort, or again such great pain that he would have to quit work. These attacks were without fever. The pain was low down in the right abdomen, extending through to the back. Sitting or stooping increased it. He was most comfortable lying down, when it would become bearable or wear off. He had no nausea or vomiting. At times there was apparently considerable gas in the abdomen with slight distension. Sometimes the sensation of passing along of the gas gave relief, but this was not very marked. The bowels were genenerally regular, though at the times he had to lay off from work they would not move as frequently as usual. There had been no diarrhoea. There was slight tenderness on deep pressure in the right lower abdomen, but nothing very marked or sharply localized.

He had had intelligent care and prescribing during the course of this disturbance, but the attacks were becoming more frequent, and, as he had a family to support, he was becoming more and more disturbed over having to lay off so much from work, in addition to the suffering entailed. After going over the case and carefully examining him, I told him frankly that it was impossible to tell certainly what the condition was, without making an abdominal opening and having a look in. That I believed the trouble due, possibly, to adhesions, with temporary and partial obstruction, but I was loath to subject him to an abdominal operation without greater certainty. We compromised by his going off with a carefully

planned diet list, and the understanding that a definite decision should be reached after a thorough trial of that. He came back in a short time with matters as bad as ever. With his full understanding that nothing satisfactory might be found, I operated upon him. The incision followed the old scar. The cæcum was found adherent to the abdominal wall but not pulled out of place, so it was not disturbed. A loop of small intestine was adherent to its inner side. On loosening this up the cause of the trouble was plain. Below and glued to the back of the brim of the pelvis, was the end of the ileum just before it entered the cæcum. Although this was not more than one and one-half or two inches long, it was broadly adherent, and the free intestine just before it entered it at a slight angle. This piece of intestine was with great care — as it required much force — slowly worked free, and its normal mobility restored. Some normal salt solution was poured into the abdominal cavity in the hope that it might help to prevent the bowel adhering again, and the wound closed in layers. An uneventful recovery ensued, and he has continued entirely well with no return of the pain. Nearly two years have now passed.

Intestinal adhesions are common enough as accompaniments of almost every inflammatory condition of the abdominal contents. It is usually understood that, after the focus of inflammation, as, for instance, the appendix or an inflamed tube is removed, these adhesions undergo absorption to a great extent. I believe that the plastic lymph thrown out during an inflammatory attack is largely absorbed when the inflammation ceases, either by a subsidence or by removal of the inflamed organ, but I do not believe that we have any good reason to expect that removal of offending organs is going to have any marked influence on loosening up adhesions which are organized and have become firm by fully developed connective tissue.

There are a number of varieties of adhesions which may give rise to intestinal obstruction. One is by a band, which

is due to the adhesion gradually stretching out. This may be a fine cord or a moderately thick one. Around this a loop of intestine may be caught and incarcerated. A mass of intestine may be adherent in such a way that peristalsis is greatly interfered with, or the bowel held at such angles that the lumen is greatly constricted, or the passage of its contents impeded. Sometimes an adhesion at some point on the side of the intestine so binds it that when the bowel above it is distended, there forms a side turn and the bowel is kinked at that point. Another form is that as in the case reported. In this case the bowel adhered was so fixed that evidently when the bowel above was distended or moved at certain angles, the lumen was markedly constricted and this caused the distress. There was, however, never complete obstruction. It was only partial, and rarely was there visible distension of the abdomen.

The symptoms of complete intestinal obstruction are well marked and there is usually little doubt as to the fact. The causes are well known, yet it is not always by any means possible to know the actual condition giving rise to the obstruction before an abdominal opening is made. The call to operate, however, is imperative, and the operator is rarely perplexed as to the obvious course to pursue. There is one condition sometimes closely following operations, which markedly resembles ileus, and which is due to the paresis of the intestine. Here it is sometimes very difficult to decide whether to open the abdomen or not. This is an accompaniment, sometimes, of peritonitis. It is sometimes difficult to decide whether or not the condition is a mechanical obstruction. The vomiting is persistent. Owing to the emptying upward the abdomen is not apt to be greatly distended, but sometimes it is so. There is more pain than usually follows laparotomy. There is no passage of gas downward. The temperature shows nothing, but the pulse is rapid and on the increase. The patient looks badly. I have seen several such cases opened, and in only one that I can remember was the



condition found to be a mechanical one due to adhesion of the bowel. Fortunately here the indications are to open and flood out with hot normal salt solution, and at the same time inspect for mechanical obstructions present. If it is paresis this seems the best measure in addition to enemata. If it is obstructions from post operative adhesions the operation is imperative.

Abdominal adhesions are by no means always undesirable. The walling off of a septic focus by adhesion of the bowels to each other and to contiguous organs is nature's well recognized way of guarding the general peritoneal cavity, and sometimes protecting the patient from certain death. So fine may this wall of protecting adhesion be, that I have seen a case of abdominal sinus, where an abscess ruptured through the abdominal wall, instead of eroding its way and breaking into the general peritoneal cavity.

Among the recognized causes of chronic disturbance of the appendix are peri-appendicular adhesions, causing compressions of its lumen directly, or by bending it upon itself. This condition is certainly a very common one in women who have suffered or are suffering from salpingitis. In former years I have a number of times seen a second laparotomy performed for a diseased appendix in women who had previously had diseased tubes removed. It is nowadays the rule always to inspect the appendix in operating in its neighborhood, especially when operating for inflammatory conditions. The appendix should always be removed if it is involved in adhesions, for this adds almost nothing to the severity of the operation, and may be an important factor in the patient's restoration to health. It is largely this consideration which leads me to prefer the abdominal route to the vaginal, all other things being equal.

While radical operating with removal of diseased structures gives brilliant and satisfactory results generally in abdominal surgery, it is not uncommon for patients to suffer vague disturbances, more or less painful, even after thorough work has

been done. I believe from what I have seen, and cases I have known about well, that many of these disturbances are due to the persistence of adhesions interfering with the normal freedom of motion and persistalsis of the intestines. Should these symptoms, which vary all the way from slight, colicky pains at intervals to severe colics, and evidences of obstruction, persist, there is no other way than a mechanical way of dealing with them. Each case must be judged separately, and operation undertaken only because the discomfort or interference with work, balance or overbalance the slight danger of an abdominal operation. We have no right, however, to be blind to the fact that however slight, there is still a fraction of percentage of danger. Thus far the case cited above is the only one on which I have had an opportunity to verify a diagnosis of intestinal adhesions, giving rise to severe symptoms without symptoms of obstruction, by an operation; but I know several individuals who have been successfully operated upon abdominally, but who, I believe, will never be well until an operation is undertaken for relief of these adhesions. The method is simple, and the requirements obvious, on inspection or by touch, after the abdominal opening is made. The bands must be cut or torn, and the intestine freed where the adhesions interfere mechanically with passage of the intestinal contents.

If attention is paid more carefully to this matter in operating, particularly in inflammatory conditions in the abdominal cavity, and especially in those cases involving the tubes or appendix, I have no doubt that the permanent results of operations in such cases, will be, in a certain percentage of cases, more satisfactory and gratifying alike to the surgeon and to the patient.

**A CASE OF ECLAMPSIA.**

BY JOHN WORCESTER, M.D.

[Read before the Boston Homœopathic Medical Society.]

This case has been of considerable interest to me, and at the present time both parties concerned are alive.

Mrs. D., aged 24, primipara, called at my office June 21, 1901, pregnant about seven months. I found her in good physical condition, excepting very constipated. The specific gravity of the urine was 1010; amount about two quarts; urea one per cent., showing a diminution in average, but not much of total solids. I advised the use of mild laxatives, and, if necessary, of full enemata to keep the bowels as open as possible, also plenty of fresh air, water and fruit, green vegetables, and not too large a quantity of potatoes or red meats.

She went on with no change in her condition until about two weeks before her labor, Sept. 13th, without a trace of albumen, and at no time previous to labor did casts appear. About two weeks before labor there was a trace of albumen but no casts. The albumen disappeared, and I was called to her on the morning of Sept. 13, at 3 a. m., and found her in labor. The pains were about ten minutes apart, the head high, pelvis freely movable, cervix thinned down but distinctly felt as a flattened hand, canal obliterated, os patulous, position of child L. O. A. by external and internal examination. I saw my patient a number of times during the day. The head descended slowly, and the cervix opened very slowly; the pains were rather severe; everything indicated a long, slow labor.

There was from the onset of labor quite a little hemorrhage from the uterus, but not enough to endanger the patient in any way, and I felt the condition of placenta afterward showed that it had been torn away from its insertion into the fundus of the uterus.

I saw patient about 5 p. m. and found her rather tired; the

head had become fixed in the upper strait of the pelvis, and the cervix was about as large as a half dollar, but somewhat edematous to the feel. I told the family I would be at the house at 8 p. m., and was there, having left my office to see another patient confined the day before. I found the household in great excitement and another physician in attendance. The patient had had a severe convulsion, and they had sent for me just after I had left my office, and it was half an hour before my arrival at the house.

The patient was wildly delirious, and having severe convulsions. The other physician had just examined her, and I left him in charge until I could wash up. I first examined the patient and found the cervix about the size of a dollar; a tense, edematous ring; the head well flexed and above the middle of pelvis. I immediately asked my colleague to give the patient chloroform, which he did while I boiled instruments and prepared the patient and myself. I did not even wait for full anesthesia before dilating the cervix, although the patient was still having convulsions. As soon as she was fully anesthetized, I put on axis forceps and delivered rapidly. I believe it was less than twenty-five minutes from the time I entered the house when the baby, a boy, was delivered. The placenta was retained so long that I passed my hand into the uterus, and found it torn off from a large part of its attachments. I cleaned out the uterus with the hand. I then washed out uterus with sterile water, and put in two silk-worm gut sutures, for tears in the perineum, put an ice bag on head, gave veratrum vir. in five-drop doses hourly, and waited developments. The urine drawn from the bladder before delivery showed over fifty per cent. of albumen by bulk, and a specific gravity of 1030; urea four per cent.; and yet through the day nothing had indicated any diminution of the amount of urine, or made me fear such a complication more than in any case.

The patient was somewhat delirious through the night and vomited some — once or twice. Urine drawn by catheter

showed less albumen than that drawn at labor. Urea, three and one-half per cent. ; a small number of casts, coarse and fine, granular and hyaline. The patients eyes troubled her more than anything else, she could see practically nothing for a number of days, but sight gradually improved. The temperature never went above 100°, and the pulse throughout was inordinately rapid, 120 to 140, and of rather high tension.

Milk, water and gruels were the diet, and in three weeks the patient was around the house a little but on rigid diet. The baby, a boy weighing seven and one-half pounds, was weak and poorly nourished, and had convulsions almost continuously for the first forty-eight hours. These gradually let up and the baby now is a big, roly poly fellow of eighteen or twenty pounds.

The mother's condition improved for two months, under five grains of iodide of potash morning and night, until vision was much improved, although not normal for distance. There was not a trace of albumen and no casts. The amount of urine was two and one-half quarts ; specific gravity 1020 ; urea normal. I felt it was safe to leave her, requesting that a sample of urine be sent me every two weeks. This was not done, and I heard nothing from the patient for two months, when December 30 I was sent a sample of the urine, two and one-half quarts for the twenty-four hours, specific gravity, 1035 ; urea, three and one-half per cent. ; albumen, one per cent., with a few coarse granular casts, and a trace of sugar. I saw the patient the next day, Dec. 31, and found her feet swollen, the pulse 100, respiration rapid and somewhat shallow. Gave apis 2 x, and belladonna, 2 x, in alternation on the hour ; milk diet. Jan. 7 — Urine, two quarts, specific gravity, 1032 ; urea, two and three-quarters per cent. ; albumen less than one-half of one per cent. ; a few hyaline and coarse granular casts ; the slightest trace of sugar, and less swelling of the feet. I found her right kidney sensitive and somewhat movable. Jan. 13, fifteen ounces of urine ; specific

gravity, 1026; urea, two and three-tenths per cent.; the slightest trace of albumen; no casts; no sugar.

Since Jan. 13, I have made repeated examinations of the urine, and the amounts have been fifteen ounces; specific gravity, from 1020 to 1035; sometimes a trace of albumen; never more than one-half of one per cent.; no sugar; usually no casts, but sometimes a few coarse, granular casts. Twice I found an excessive amount of uric acid; the exact amount was determined, but not recorded, as having no bearing on case.

It seems to me in reviewing the case that it is somewhat unique. The absence of casts before labor, and the presence but once of a trace of albumen; the fact of no convulsions after delivery, the one she had covering a period of at least an hour; the hemorrhage from tearing away of placenta; the slow dilatation of cervix, and the possible effect of a general tonic contraction of the arterioles; rapid improvement in elimination of urine; diminution of albumen and of casts as shown by repeated examination of the urine. Added to the foregoing the child's living in spite of repeated convulsions, and his showing so poor a condition of nutrition. Further interest centres in the presence of a right movable kidney in the mother, and what its relation to the nephritis may be now, or has been, and whether fixation of the kidney would be a wise move. In my opinion it would be if the nephritis continues to manifest itself.

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PROFESSIONAL PRAPAREDNESS. — We cannot know it all, but we must know as much as possible, for every physician sooner or later, few times or often, confronts the case where life and death hang evenly balanced in the scale, and upon his skill and knowledge and attention, the result must depend.—*Medical Arena.*

## EDITORIALLY SPEAKING.

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Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be typewritten if possible. To obtain insertion the following month, reports of societies and personal items *must be received by the 10th of the month preceding*.

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### THE DIVISION OF FEES.

Another phase of "commercialism" in the profession which is to be condemned from every standpoint, is that which deals with the matter of commissions. We understand from those who do special work, including the surgeons, that not very infrequently the enquiry is made by the general practitioner who wishes to put a patron under the specialist or surgeon, as to "what arrangement" can be made about it, meaning, what proportion of the fee will come to them. This is altogether wrong and essentially lowers the tone of the profession.

It is the duty of every practitioner to act *always* for the best interest of his patient, and in order to do this, when the necessity for outside help arises, the physician should be absolutely free from any pecuniary obligation or benefit which may in the slightest degree bias his judgment in selecting the best consultant. Again the surgeon, or specialist, or consultant is "worthy of his hire," and if there is any necessity for a division of the fee, it should be divided with the patient for whose benefit the advice is sought.

The only consideration which should influence the practitioner in the choice of a consultant is the ability and skill of the advisor, that is what the patient pays for, what he has a right to demand and receive, and what he can not receive if his physician is bound to some particular consultant by past pecuniary favors received, and the certain prospect of more to come. If competition in professional work has become so keen as to render this sort of thing necessary for existence, the necessity for such existence ceases. There should be fewer

consultants, and the standard of professional morals of those entering, should be more carefully looked into.

Such bidding and dickering to obtain business is "conduct unbecoming a gentleman and a physician," and should be ample cause for expulsion of those practicing such methods from the society of their fellows.

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## SOCIETY REPORTS.

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### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

#### BUSINESS SESSION.

The regular meeting of the society was held in the hall of the Boston Natural History Society, Boylston street, Thursday evening, April 3, 1902, at eight o'clock, the President, Frank E. Allard, M.D., in the chair.

#### SCIENTIFIC SESSION.

Mr. F. V. Wooldridge gave the following clinical report. Mr. A., aged 36 years. Parental history, negative. Personal history, negative until present trouble. Has been a steady drinker, though not excessive, all his life.

Present illness.—On Aug. 18, 1900, was thrown from a wagon to the sidewalk. He struck on his left side; was unconscious for several hours, and was sick in bed for three weeks afterwards. He was first seen upon June 20, 1901, and gave this history. Since June 6, 1901, he had noticed an increasing fullness about the abdomen and some dyspnœa. For a month after there was great fullness and distension of the abdomen, and great edema of the extremities. This gradually grew less, but the weakness and dyspnœa increased.

Physical examination.—The lungs were congested at the base, and there was marked dullness at both apices. The heart was normal, as far as murmurs or valvular lesions went,



but was increased in size. The liver was very much enlarged. The examination of the urine revealed no albumen at first, but an increasing amount later. Hyaline, fine and coarse granular casts and some leucocytes were found.

Blood analyses made one week before death showed :

Red disks	.	.	.	.	.	5,570,000
Leucocytes	.	.	.	.	.	4,500
Hemoglobin	.	.	.	.	.	60 %

The pulse was rarely below 110, and the temperature during the disease but once fell below 100°; it was generally between 101° and 104°. The temperature never fell below 102° during the last month of his life.

The abdominal symptoms were marked. One week the liver would be so much enlarged that it would reach to a level below the umbilicus; the next week the organ would be reduced in size until its edge would be but slightly below the costal cartilages.

In December, 1901, a diagnosis of tuberculosis of the liver was made.

The treatment was mostly dietetic. Mr. A. had an enormous appetite, sometimes approximating a true bulimia.

Bryonia and gelsemium gave great relief. Picrotoxinum relieved the night sweats. The terrible sore throat and dryness of the mouth, which came the last two weeks, was relieved by baptesia. Mr. A. died early in March. The autopsy showed chronic miliary tuberculosis (general.)

In the absence of Dr. N. W. Emerson, Dr. Wm. F. Wesselhoeft exhibited a double uterus recently removed by Dr. Emerson from a girl eighteen years of age. She had been regular in her menstruation for about eighteen months, suffering much pain at the beginning of the menstrual period, increasing for the next day or two and during the period following menstruation, until about a week of the next menstrual period. The diagnosis was entirely obscure, but the patient begged so earnestly for anything to relieve the pain that operative measures were decided upon, with the result that a

double uterus was found, one part was menstruating normally, the other was full of blood. Almost distinct fluctuations could be felt through the vagina.

Dr. Krauss exhibited two improved instruments; one the ureter-cystoscope of Albarran, and the other the operating cystoscope of Nitze. The cystoscope of Albarran, by means of its screw arrangement, permits the catheterization of the ureters to be done very readily, as by turning the screw the required angle is given very easily to the tip of the catheter. The operative cystoscope consists of the cystoscope proper, a cautery plate, snares, and a lithotripter, and is used for the cauterization of hyperplastic tissues, stumps of tumors, erosions and ulcers; for the snaring off of tumors, and the removal of foreign bodies from within the bladder, all under the guidance of the eye, and without any incision from without into the bladder wall. It is the ideal means of removing tumors from the bladder. Most vesicle tumors are benign, and the snaring off of such tumors, with the subsequent cauterization of the tumor stump, forms the most thorough operation that can be conceived. It is preferable to the removal of such tumors after cystotomies, as it is the practice with general surgeons, for the reason, that in the cystoscopic operation no transplantation of tissue is possible into a wound surface, and the cauterization of the stump makes the operation complete. Moreover, many of the bladder tumors are very small and shrink when the bladder is opened and air is admitted, but show up most beautifully when surrounded by fluid which is required in cystoscopic work. The operation is done in the office in several sessions, and the patient can pursue his work while he undergoes this method of treatment.

#### REPORT OF THE SECTION OF SURGERY.

*A. H. Powers, M.D., Chairman; C. T. Howard, M.D., Secretary; A. C. Haub, M.D., Treasurer.*

#### PROGRAMME.

- I. "The Treatment of Lupus and Cancer by the X-Ray."  
B. T. Loring, M.D.

Discussion opened by J. B. Bell, M.D.

2. "What is the Cause of Appendicitis? 'An inquiry into the Etiology of Appendiceal Affections;' 'Comments Upon Prevailing Opinions;' 'What are the Indications for Appendectomy?'" 'An Improved Operative Technique;' 'Tabulation of a Series of Ruptured Cases.'" Horace Packard, M.D., and J. E. Briggs, M.D.

3. "Post-Operative Lessons in Appendicitis." N. M. Wood, M.D.

Discussion opened by G. E. May, M.D., J. T. Sherman, M. D., and W. F. Wesselhoeft, M.D.

Dr. Bell: I would like to ask Dr. Loring if there is any danger to the eye, when operating upon the lids with the X-ray?

Dr. Loring: In the only case I have had of this kind the eye did not seem any more sensitive than the other tissue. The epithelium of the eye is no more sensitive than in structures.

Dr. Bell: Is it hard to protect the eye, when operating?

Dr. Loring: It is. We try to shield the eye in some way, so that it will not be burned.

Dr. Bell: It is a very interesting subject to me, the use of the X-ray in cases of this kind, but, as yet, all we can do is to report progress, for we do not know what can be done with primary and tumor growths. I think we may now say that the Roentgen ray is almost a specific for lupus, carcinoma and recurrent growths that can be reached by it.

Dr. Wood: A patient of mine, an old gentleman, had a tumor, involving the lower lid, which Dr. Williams removed by the X-ray at the City Hospital, In a few months it returned nearly as large as before and the patient is not doing anything for it.

Dr. Rockwell: Regarding lupus of the face and the sensitiveness of the eye to the X-ray, the case reported by Dr. Loring, and another, showed me that the retina of the eye itself is not sensitive to an X-ray with moderate exposure. In a case where the forehead and eyebrows were involved, the

eyes showed no sensitiveness to X-ray applications. In a case of epithelioma of the right ala nasi, marked improvement was evident after three exposures of fifteen minutes each, after eighteen treatments there was decided improvement, the redness had disappeared and the nose was reduced in size one-half at first treatment. When beginning the treatment the ulcerated area was as large as a twenty-five cent piece, now it is reduced to that of a three cent piece. These cases would seem to prove that the X-ray has great value in certain cases. The one fact that it can remove a disfigurement, if only temporarily, as in psoriasis, is of great value.

Dr. Southwick: In a case of carcinoma of the neck, after six weeks of treatment with X-ray, it has entirely disappeared. That and other reports have led me to make a good many inquiries among those who are working along this line and they tell of remarkable results with cancers, especially where the growth is situated about the surface of the body. I am using it upon four cases.

One thing that has impressed me is the wonderful power it has to relieve pain, more effectually than morphine, as far as I can judge at present. In the more painful forms, such as carcinoma of the uterus, ulceration, infiltration of posterior wall of vagina, the application of the X-ray relieved the pain within three minutes. The use of the X-ray in these cases was suggested to me by Dr. Packard in consultation. All pain disappeared for twelve or fifteen hours, when it returned, the X-ray was used again with satisfactory result. The discharge from the sloughing cancer is not as much as we usually have in these cases. It has materially checked progress in certain ulcerated areas as far as can be observed, but it is impossible to watch closely, because the vagina is so sore it cannot bear much examination. There is no doubt that the arrest of pain is marvellous. In a case of recurrent cancer of the breast, the pain after the second application had been so much relieved that the patient slept all night, which she had not been able to do for some time, and there was no pain under the breast and arm.

Dr. Allard: I have a few cases under observation, in which I can report progress. One case, a man of 65 years, with lupus on the neck, extending from the back of left ear nearly to the clavicle. First saw him five years ago, and treated the growth with carbolic acid and succeeded in healing the entire area, but in about a year it reappeared. Six months ago commenced treatment with the X-ray. At first there was extensive sloughing, but after ten treatments, there was a tendency to heal from the edges and gradual healing in. The present size is that of a dime, and in a short time it will probably be healed. There is much to learn regarding time of exposure, distance and strength of the X-ray, because, if applied too powerfully after healing is underway, the new tissue may be destroyed and it will be necessary to begin over again.

After Dr. Packard's paper, Dr. Wood said as it was late it would seem better to postpone his paper till some future time, however, he would report briefly four cases. One of these cases is that of a man forty-eight years of age, rupture occurred three or four days before operation. For four or five years has suffered with a large hernia, and with severe attacks of neuralgia, which will come on even when in bed and last two or three hours, and at all times there is a dragging sensation.

Another case was that of a lady forty-five years of age, who had several preceding attacks; finally had a ruptured gangrenous appendix, and an incision nine inches in length was made in the lower part of abdomen, quite near the median line. This was a long time in healing on account of low vitality from absorption and suffering. After a few months the whole right side of abdomen was noticed to be gradually enlarging and it is now fully one-half larger than the other side. At the site of the incision, it is retracted and no hernia present there. It seems as though there was a shrinkage or retraction of the abdominal muscles, as the intestines can be plainly felt through the abdominal wall. She attends to her usual duties and is fairly comfortable with a wide elastic abdominal support.

Another case, that of a young lady, who was operated on within a few months, has some mild neuralgic pains and some enlargement of the right side. There is no hernia and there seems to be only a lax condition of the rectus muscle. It is probably due to injury to the nerve supply, thus affecting its tonicity.

The fourth case was a man, forty-seven years of age. He had several attacks of abdominal pain with fever, which would last about two weeks, during which time he would lose in weight about one pound a day. Several physicians had attended him and none could diagnose his case. In consultation with Dr. Powers a tumor was located deep in abdominal cavity and the diagnosis of recurrent appendicitis made. Operation revealed a gangrenous appendix in the midst of a large mass of inflammatory adhesions. He left the hospital two weeks after operation. Since then he has had several inflammatory attacks in the old location, but they are not so severe. Nothing but time and patience relieves him.

Adjourned at 10.30 o'clock.

H. O. SPALDING, *Secretary.*

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## BOOKS AND READING.

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Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked NEW ENGLAND MEDICAL GAZETTE, and sent to the publishers, Otis Clapp & Son, 10 Park Square, Boston

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A DICTIONARY OF PRACTICAL MATERIA MEDICA. By John Henry Clarke, M.D. In two volumes. Vol. II. London: The Homœopathic Publishing Co. 1902. pp. xii-1613. Price, buckram, \$15, *net*; half morocco, \$17.50, *net*.

The wealth of material that remained after the publication of the first volume of this noteworthy work, made it advisable that the second volume should appear in two parts, which, though bound separately, form a harmonious whole, the alphabetical arrangement and

paging being continuous. The price will not be advanced through the increase in the cost of publishing and the greater convenience to the purchaser are both evident. The latter may now add to his library, three attractively bound books for the original price for two.

It will be remembered that in Vol I., remedies from A to H, inclusive, are described.

Part I., of Vol. II., contains remedies from I to P, and Part II., the remainder. The plan of this work is most comprehensive, and was outlined in a recent review of the first volume as follows: "The remedy title is followed by its synonyms, chemical symbol, preparation used in experiments or practice. Under the head of 'Clinical,' comes an alphabetical list of diseases to which the remedy has been, or promises to be curative. The 'Relations,' 'Characteristics,' and 'Causation,' are next given, and after these the main body of the text, consisting of a schematized list of the 'Symptoms,' arranged under mind, head, ears, eyes, nose, face, teeth, mouth, throat, appetite, stomach, abdomen, stool and anus, urinary organs, male sexual organs, female sexual organs, respiratory organs, chest, heart, neck and back, limbs (in general), upper limbs, lower limbs, generalities, skin, sleep, fever. Clinical symptoms supplement the symptoms of the prover."

Dr. Clarke is certainly to be congratulated upon the completion of his truly Herculean labors, which, apparently, are not to deter him from further efforts, as he announces his intention of compiling a Clinical Repertory and Concordium.

**THE THERAPEUTICS OF FEVERS.** By H. C. Allen, M.D., Professor of Materia Medica in Hering Medical College, Chicago. Philadelphia: Boericke & Tafel. 1902. pp. 541. Price, cloth, \$4, *net*.

Continued, bilious, intermittent, malarial, remittent, pernicious, typhoid, typhus, septic, yellow, and zymotic fevers are all prescribed for in this book of Dr. Allen's. They are prescribed for, too, upon sound homœopathic principles which cannot be too closely adhered to. Among other points upon which the author lays great stress are these: Speculative theories as to the cause of fevers and empirical treatment, must give place to a careful and exhaustive study of the totality of the symptoms, both objective and subjective, and a conscientious, painstaking application of the law of similia; a complete and thorough examination of the patient and perfect individu-

alization is absolutely essential ; the question of potency must be settled by experimental test, and every practitioner must make the experiment for himself.

Every word of the above is worthy of being deeply impressed upon one's memory, and there is much else in the prefatory pages equally good and sensible. The *materia medica* is comprehensive and detailed. An excellent repertory occupies about one hundred and fifty pages. The first edition has long been exhausted, and a new one demanded in vain by the profession at large. This need will now be met, and well met, and our resources in the treatment of fevers thereby increased.

THE DIAGNOSIS OF SURGICAL DISEASES. By Dr. E. Albert, late Director and Professor of the First Surgical Clinic at the University of Vienna. Translated by Robert T. Frank, A.M., M.D. Illus. New York : D. Appleton and Company. 1902. pp. 419. Price, cloth, \$5.

Translated from the eighth enlarged and revised edition of Dr. Albert's work, which is standard and widely known in Europe, the present volume is a most desirable and timely contribution to our knowledge of surgical diagnosis. It is quite true that heretofore more matter has found its way into type on the subject of medical diagnosis, than has been given to the profession upon differentiation in surgical cases. Yet the latter is a subject of the greatest importance, and one which not infrequently puzzles the most expert.

Dr. Frank has deserved well of the reviewer and the surgeon. By his careful rendering and presentation of the instruction given by Dr. Albert, he has furnished the key to many problems which confront the practitioner at the bedside of his patients. The scheme of the book groups diseases according to similarity of symptoms and points of general resemblance, and illustrates and emphasizes distinctions by citing numerous cases. These are followed to the operating table, and at times, the results of autopsies given in confirmation or correction of the diagnosis. The work is freely illustrated.



## THE SPECIALIST.

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Under this heading will appear each month items bearing upon some special department of medicine; this month "Therapeutics." next month "Surgery."

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**LIME IN THE EYE.**—When lime has got into the eye, something must be done at once. Wash the eye thoroughly with a large quantity of warm water — for a little water but adds to the trouble by slacking the lime — and then introduce a solution of sugar and water. This is superior to solutions of vinegar or dilute acids, because sugar forms an insoluble compound with lime.— *Exchange*.

**A CURE FOR WARTS.**—We have found nothing more generally useful than the repeated application of the end of a bit of wood (e. g., a match) moistened with acid nitrate of mercury, care being taken only to touch the top of the wart and not to let the fluid run to the sound tissue. The wart gradually shrivels and finally falls off.— *New York Med. and Surg. Journal*.

**DIPHTHERIA.**—Quite a large number of drugs have been recommended for this disease, among which may be mentioned lachesis, lycopodium, apis mellifica, arum triphyllum, belladonna, bryonia alba, kali bichromicum, lac caninum, the mercurials, phytolacca decandra, aconite, arsenicum album, bromine, cantharis, lachnanthes, sulphur, etc., etc. While many of these drugs may be indicated in different patients, my experience generally has limited me to the following few: Belladonna, phytolacca, apis, kali chloricum, mercury, and possibly lachesis.— *Dr. E. C. Price in Amer. Med. Monthly*.

**RETINAL HEMORRHAGE.**—The treatment should be, absolute rest in bed in a darkened room, cold compresses to the eyes, and the administration internally of hamamelis, aconite, belladonna or phosphorus. The outcome in this class of cases must, of course, be considered as doubtful, but upon the whole as favorable, those hemorrhages due to menstrual suppression, violent physical exertion, etc., being liable to more

or less complete absorption ; in fact frequently within a few weeks all traces of their having occurred will have vanished. — *Hom. Eye, Ear and Throat Journal*.

OBSTINATE COUGHS.— Don't forget kali carbonicum in obstinate coughs. The secretion is not stringy as under kali bichromicum but, on the contrary, it often flies unexpectedly from the mouth when coughing. During the day there is wheezing, with occasional fits of coughing, but towards evening the aggravation begins and it is almost impossible for patient to lie in bed. A sticking feeling in the throat causes a paroxysm of most violent cough, which only ceases on expectorating a grayish, sticky mucus, which often flies from the mouth.— *Medical Current*.

CINCHONA IN CONVALESCENCE FROM PNEUMONIA.—The field in which cinchona operates, however, is clearly marked by effect produced by doses of the drug taken in poisonous quantities. In such doses it produces, with other symptoms, general muscular relaxation, blood impoverishment, pale and bloated face, sunken eyes, cardiac debility, weak pulse, atonic arteries, capillary distention with bloody sputum and oppressed breathing. Local blood stasis resultant from pneumonia is generally promptly relieved by proper doses of cinchona or the alkaloid quinine when accompanying conditions resemble those caused by toxic doses of this drug.— *The Clinique*.

CHOREA.— For remedial agents arsenicum heads the list, especially when accompanied by heart complications and the origin is other than fright. Arsenicum corresponds very closely to nearly all the manifestations. Ignatia has given satisfaction in cases originating in fright, other symptoms agreeing ; also gelsemium. Agaricus and its active principle agaricine, have been useful in mild cases with the characteristic twitching of facial muscles ; hyoscyamus in patients that are wild and noisy, who have a constant grinning expression. Mygale, strychnia phos., and zincum will be indicated in some cases and may be kept in mind.— *Hom. Jour. of Obstetrics*.

OLIVE OIL FOR GALL STONES.—While visiting last summer in Franklin, Ind., I was informed that Mrs. A. was quite sick, by the physician attending her. After a short time he came down stairs and in the course of conversation said he had diagnosed gall stones, and as I had just returned from Austria he asked what remedy was now being used there. I told him I believed that olive oil was used in Austria more than anything else. He administered a large dose to this woman, and two days later showed me a handful of gall stones which she had passed.—*Dr. E. Moraweck in Amer. Pract. and News.*

MUSIC A THERAPEUTIC AGENT.—The stimulus of music renders it a valuable and delightful resource in depression of spirits, whether due merely to strain of body and mind, or to actual melancholia. The distressing tension of the nervous system, and the restlessness caused by business cares and rivalries, or continued suspense, which are often productive of insomnia, are sensibly modified and soothed by music. The chronic dyspeptic, who is usually sad and despondent, should be encouraged to go to concerts or other places of music. Those who have become weary from continued pursuits of an engrossing nature, may be happily refreshed through the instrumentality of music.—*Editorial Comment in Medical Summary.*

PROGRESS OF SEROTHERAPY.—One cause of delay in the progress of serotherapy, is the fact that in many of the infectious diseases more than one pathological condition coexists in the same individual; the complication may either intensify or mask the original malady. A good example of this condition is to be found in many cases of tuberculosis, the mixed infection resulting from complications making it difficult to apply specific serum medication with satisfactory results, and while no antitubercular serum has yet successfully combatted the disease in its various phases, yet there is much evidence in favor of the beneficial effect of serum treatment in the uncomplicated non-septic cases.—*The Medicus.*

LARYNGISMUS STRIDULUS.—Of all the adjuncts or treatment ever used, chlorine or chlorine water — that legacy left to homœopathy by the illustrious Dunham, whose name should be immortalized for this one thing alone — fresh and of sufficient strength that the gas can be noticed in the water, given in oft repeated doses of from ten drops to a teaspoonful in a little water, according to necessity or the urgency of the case until its beneficial effects can be seen, has given me quicker and eminently more satisfactory and permanent results than any other drug or adjunct used. In extreme cases dilute the chlorine water with water and use a spray to the throat or larynx.—*Dr. E. Lippincott in Amer. Med. Monthly.*

INFLAMMATION OF LEFT OVARY.—The patient was a married woman, who had had several children, and two miscarriages. She suffered great agony, the pain, of a burning, shooting character, extending from the ovary down the thigh, to the left knee. I prescribed tincture colocynthis, two minims every three hours, and externally, iodide of potash liniment to be well rubbed in over the affected ovary twice a day, morning and night, the part being first bathed with warm water. The patient made rapid progress, and at the end of three weeks of the above treatment no longer felt any pain or distress in the ovary. I have come across several cases similar to the above, and have always found colocynthis (internally) and the iodide of potash liniment (externally) as the remedies par excellence.—*Dr. Fred. Kopp in Hom. World.*

HICCOUGH CURED BY SNUFF.—In a Russian medical journal, Dr. G. Tatevosoff draws attention to the excellent service which may be obtained from the ordinary snuff tobacco, as a means for cutting short hiccough. He relates an instructive case of a patient with some chronic chest disease, accompanied by violent cough attacks, in whom the latter used to be followed by extremely obstinate hiccough. The common remedies (including cocaine) failing to exercise any controlling influence on the most distressing symptom, Dr. Tatevosoff at last decided to give a trial to the said old-fash-

ioned, popular means, making the patient on each occasion thoroughly snuff into his nose enough of the powder to cause lively sneezing. From the first séance the effect was truly brilliant, the hiccough subsiding as if by magic. Under the influence of the simple remedy the attacks steadily became milder, and ultimately vanished, though the patient's cough remained as intractable as ever.—*Medical Times*.

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## ABSTRACTS FROM BOOKS AND JOURNALS.

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NEW ANTISEPTIC DRESSING.—At a recent meeting of the Paris Biological Society, Drs. Aucke and Thibaudeau described a new dressing for wounds consisting of an application of potassium permanganate followed by a bandage soaked with hydrogen peroxide. They claim that this combination produces the best known antiseptic dressing.—*Exchange*.

ANAL FISSURE.—If your patient has a pain in any region related, connected, or adjacent to the rectum, and the cause is not absolutely assured, look closely for anal fissure. If you have a case of severe vesical tenesmus without obvious cause, look closely for anal fissure.—*Wisconsin Med. Recorder*.

DIFFERENTIAL DIAGNOSIS.—An invagination of the bowel low down may be mistaken for a prolapsus. The latter is distinguished from the former by the fact that in invagination there is a distinct groove or sulcus between the enclosed and enclosing portion, which may be reached by a finger or sound, and which does not exist in prolapsus.—*Medical Era*.

ALKALINE WATERS AID DIGESTION.—The alkaline waters act as a stimulant to the gastric mucous membrane, stimulating gastric peristalsis and increasing the desire for food. The mucous membranes throughout the body are given renewed activity and consequently Flechsig commends such waters as

anti-catarrhal remedies. In gastric affections with excessive production of hydrochloric acid, in atony of the stomach and in gastric ulcer they are excellent.— *Chicago Clinic.*

PREVENTIVE PSYCHIATRY.— Diet, environment, education, attention to infantile nervous ailments, choice of occupations, special training in habits of self-control, avoidance of alcoholic excess and sexual errors, and suitable choices of mates might do much to reduce the number and intensity of the higher neuroses, but are seldom systematically carried out in the families where they are the most needed. I am persuaded that there is a great future for preventive psychiatry, whereby the sum of human misery will be lessened and the effectiveness of human brain power much increased.— *Dr. T. S. Clouston in Scottish Med. and Surg. Journal.*

FACING THE TRUTH.— The unjust discrimination by society between male and female offenders is to be deplored, discountenanced, and condemned by every pure-minded individual, but the facts remain unaltered, and improvement can hardly be hoped for until a single standard of morality is adopted and enforced; until it shall be the rule for the female to be adequately educated and thoroughly enlightened in human genesis, sexual morality, and kindred matters; until she shall demand that man offer himself in marriage with the same degree of purity, sexually considered, as he expects and demands from the member of the tender sex whom he would espouse.— *Amer. Pract. and News.*

SIMPLE CASES OF MELANCHOLIA.— In such cases the attending physician should have, and should appear to have a lively and hopeful interest in the welfare of his patient. His expressions of hopefulness, his cheerful demeanor, assurances of ultimate recovery, his insistence that physical disease, a state of nerve exhaustion, is at the foundation of his patient's malady, from which in due time a full recovery may be hopefully expected, is of the utmost importance. The moral influence of the physician, added to that of those persons who are more constantly associated with the patient, will often-

times prove as beneficial as any and all other means employed.  
—*Medical Record*.

TEETOTALERS.—Dr. Archdall Reid, one of the leading scientists and evolutionists of England, has just published "A Study in Heredity," in which he says, "teetotalers are born, not made." The author states that temperance is not an acquired moral virtue, but an inborn characteristic. He says: The teetotaler abstains not because of his strong moral fiber, his power of self-control, but because of lack of inborn desire for alcohol." Dr. Reid claims that our well meant temperance efforts must continue to fail to attain the desired end, so long as we permit inebriates to beget offspring and to hand down the inborn alcoholic diathesis.—*Pacific Medical Journal*.

DIFFUSION OF HOMŒOPATHY.—In Germany, the birth-place of homœopathy, the number of homœopathic practitioners is not less than 400, in Great Britain about 300, in Belgium about 100, in France about 70, in Italy about 52, in Russia 52, in Switzerland about 20, in Portugal 20, in Denmark 12. Homœopathy has spread in the far East. In India there are about 50, and in Australia over 20. But if we are to satisfy ourselves as to what rapid and mighty progress the new school has made we should go to free America, where (we mean in the United States) there are not less than 14,000 regularly trained and duly qualified physicians and surgeons.—*Calcutta Jour. of Medicine*.

TRANSFORMATION OF MAN.—Prof. Henry L. Brunor, head of the biologic department of Butler University, Indiana, makes a startling prediction as to human development. He sees in the future man a being in whom strange transformations shall have taken place; a being in whom brain is master, ruling a body much larger than that of the present man; a body which has lost its floating ribs, its vermiform appendix, and its little toes, and in which many other changes have taken place. He believes the chest and upper and lower

limbs will be larger, and that the future man will be much taller than his prototype of today.— *Phila. Med. Journal.*

PREVENTION OF PNEUMONIA.— The personal measures for the prevention of pneumonia, aside from the disinfection of the pneumonic expectoration, are the avoidance of undue exposure to inclement weather and of all crowded, ill-ventilated gatherings; reasonable attention to questions of sanitation; temperance in eating, in drinking — in fact, in everything; daily bathing, in order to insure a healthy action of the skin, and regular exercise in the open air, with special reference to complete respiration. There is nothing better constituted to purify the blood, and thus fortify the system against infection, than systematic deep breathing out of doors while briskly walking or engaged in horseback riding. Frequent changes of underclothing are exceedingly desirable.— *Med. Record.*

ADENOIDS IN THE PHARYNX.— Whenever adenoid tissue is left in the pharynx it will always continue to offend. General anesthesia is to be avoided whenever possible; if this be unavoidable, the patient should be completely anesthetized and the operation done with the patient's head turned slightly to one side and so low that the blood will flow from the nose and mouth instead of being dammed back upon the larynx. I believe that most of the deaths which occur during this operation under general anesthesia are due to the blood running into the larynx. Chloroform I believe to be the safest anesthetic to be used in the removal of adenoids.— *Dr. P. R. Taylor in Amer. Pract. and News.*

A LITTLE NONSENSE NOW AND THEN.— A Kensington, Pa., druggist, with a keen appreciation of humor, has preserved a lot of written orders that have reached him during the course of several years. Some of the more amusing are as follows: "I have a cute pain in my baby's stummick. Please give bearer something to cure it." "My little girl has eat up a lot of buttons. Please send a nemetic by the enclosed boy." "Dear doctor a dog bit my child on the leg, pleas send som cork plaster and cutter eyes." "Deer doctor wot is good



for tirefoy fever send some quick I got it." "If you can fill the enclosed prescription for twenty-five cents do so. If not return by bearer."—*Exchange*.

INFLAMMATION OF THE MIDDLE EAR.—In all cases coming under our observation for treatment, we should never lose sight of the fact that we are medical practitioners first and specialists second, and all cases, when indications demand it, should have general building up and tonic treatment in order that the local condition may improve the more rapidly. This will result if the patient receives a surplus of nutrition through the medium of the general system, and many cases which to-day are chronic, had they received the building-up process when first attacked by the local disease, would never have been prolonged into this less hopeful stage in which we find them.—*The Post-Graduate*.

INFLUENZA OTITIS.—Perhaps the most frequent localized inflammatory conditions secondary to influenza are the acute invasions of the Eustachian tube and middle air cavity. A careful differentiation should be made between simple otitis media and influenza otitis. Free incision of the drum membrane at the earliest indication of effusion into the tympanic cavity should be made. This free drainage should constitute the most important principle in the treatment of this affection. A guarded prognosis should be given, especially as concerns the complete restoration of hearing. Conservatism is urged concerning operative interference when mastoid symptoms appear, as many of these symptoms are accompaniments of influenza and should be regarded as neuralgias rather than evidences of suppuration.—*St. Louis Med. Review*.

CARE OF THE EYE AS AGE ADVANCES.—The advisability of noting the exact refraction of the eye, and the danger of allowing patients, as they approach the age when presbyopia begins, to select their glasses hit or miss, may be appreciated when Fuchs says that "a disposition to inflammatory glaucoma appears to be present in all hypermetropic eyes and hypermetropia is the commonest form of refractive error." Re-

cently it has been stated by a competent observer that if only everyone who requires glasses would wear them, in good time there would be no glaucoma. In 140 cases 48 per cent. were hypermetropic and not one of them wore glasses, 33 per cent. were astigmatic and this was uncorrected, 20 per cent. wore improper glasses.—*Providence Med. Journal.*

QUANTITATIVE TEST FOR UREA.—For this test it is necessary to have two separate solutions. One, solution of sodium hydroxid, six ounces to the pint of distilled water, the other pure bromine. Take ten parts of the sodium to one of bromine, then add an equal amount of water, when it is ready for use. The bulb of the ureameter is then filled with the test solution and one dram of the urine is discharged up in the tube. The decomposition of the urea forms a gas which displaces the fluid in the tube, and the amount of the displacement can be read off and will give the total urea or per cent. contained in the specimen.—*The Medicus.*

CAUSES FOR RICKETS.—The real predisposing and essential causes of rickets are to be found in mothers nursing their children with a deficient physiological development of the breast; in the paid wet nurses, who, after having nursed one child during several months, take another and give it impoverished and insufficient milk; in mothers and wet-nurses beginning, at the third or fourth month, to give to the children soups and farinaceous food to supply their deficiency of milk; in those who adopt artificial nursing without sufficient knowledge of the proper method of doing so. The disease will not be developed in every case, but predisposition to it is developed in all infants fed in either of these imperfect ways.—*Monthly Hom. Review.*

POST-CLIMATERIC HEMORRHAGES.—After menstruation has ceased, any hemorrhage from the uterus is always pathological, the causes of hemorrhage at this time being (1) granular endometritis; (2) atheroma of uterine blood vessels; (3) vasomotor relaxation; (4) uterine polypus; (5) uterine myofibromata; and (6) carcinoma of the uterus. Of this last new

growth, hemorrhage is the especial danger signal, which, if appreciated by the physician, may result in years of comfort and health to the victim ; but which, if neglected, gives a horrible death for the patient. During the early history of carcinoma the tumor is local and circumscribed, but later becomes hopelessly disseminated. The cervix is the most frequent seat, and epithelioma the most common form of malignant tumor.— *Amer. Jour. of Surg. and Gyn.*

SUGGESTIVE THERAPEUTICS.— The points to be observed in the administration of suggestion, are repetition, clearness and assurance. Emphasize and make your suggestion clear and forceful. Always remember that the patient's mind is open to suggestion, and that your every word is fraught with it. Therefore avoid counter-suggestion and evidence of doubt. Another thing to be shunned is the suggestion of the impossible. An assertion, bravely made but unfulfilled, seriously affects the operator's influence on subsequent visits. It is best to go slow ; commence on small things, and as you find your patient suggestible, advance. Study the case in its psychological aspect, and prescribe suggestion with as much care and intelligence as you do your drugs, and the result cannot but be gratifying.— *The Medical Magazine.*

SOME CAUSES OF AMENORRHOEA.— In certain impoverished conditions, as tuberculosis, myxedema, carcinoma, or syphilis, decreased menstrual flow or entire absence of it is common. In anemia and obesity, nature seems to divert such blood loss to the welfare of the general nutrition. Often, however, in plethora, the condition of the blood is above normal, and in such cases the lessened menstrual flow is probably due to functional nerve disturbance. Rheumatism and gout play no small part as causative agents. General physical depreciation from drug habits, such as alcoholism, morphinomania, or the habitual use of cocaine or absinthe, has a like action. A very common cause of suppression of menstruation is chilling the surface of the body or getting the feet wet during the flow. Cold baths taken during the flow often have a like effect.— *Virginia Med. Semi-Monthly.*

A REMEDY FOR TOO MANY "M. D.s"—In my opinion, there are too many medical colleges, and graduation of medicine is made too easy. Even after they have graduated they should not be allowed to practice until they can pass a rigid practical as well as theoretical examination. For the general good, I would say that a man entering the profession of medicine as a student in college should have a very good classical education, for this implies a sufficiently thorough education in other departments of study. He should be vouched for as a man of refinement and honor. He should then study at least four years at a good school, and at least one year in a post-graduate school or hospital. The final examination for practice should include bacteriology and the microscope, and chemical analysis as applied to practical medicine.—*Dr. John A. Wyeth.*

AN EDITORIAL OPINION.—As regards the results of mere teaching, we do not see that a very different or more satisfactory answer could have been given. If we were to attempt to add anything to it, we could only repeat what we have often said before, that the final examination should be so managed as to bring out the applicant's real mental capacity, his powers of observation, reasoning, and judgment, quite as much as his knack of memorizing, and that this feature of the State examination should be constantly held up to the view of the undergraduate, who should be examined at comparatively short intervals and set back in his course or dropped from the school altogether if he could not make a reasonably good showing. We do not want learned fools in the profession, and simply keeping out those whose memory is poor will not go far to raise the standard.—*New York Med. Journal.*

PHASES OF DIPHTHERIA.—Bacteriologists like Abbott believe now that mild cases of diphtheria do not necessarily come from the invasion of feebly virulent bacilli. Mild cases just as often contain fully virulent organisms, and are for this reason as great a menace to the health of the community as are the severer cases. But many cases are found which are mild in character, devoid of constitutional symptoms, and

with little local manifestation. This phenomenon is due, according to Abbott, to the fact that typical cases of any disease are often rarer than the modified forms; that what may prove to be a highly virulent infection in one individual may almost be a trivial matter in another; and that a consideration of the phenomenon of infection always comprehends not only the specific exciting factor, but the equally important one of vital resistance possessed by the invaded animal organism as well.— *The Medical Age*.

CLIMATE IN LARYNGEAL TUBERCULOSIS.—As a general rule, it may be laid down that when the laryngeal tuberculosis is purely secondary to pulmonary disease, other things being equal, an elevated region of several thousand feet above the sea offers the best conditions for the arrest of the tuberculosis, owing to the rarity, dryness and purity of the air, and the stimulus which these give to fuller and deeper respiration. On the other hand, when the tuberculosis has been preceded by laryngeal catarrh, and the disease has first proclaimed itself by hoarseness or soreness in the larynx, an atrophic condition of the upper air passages is often indicated. In such cases, change to an elevated, dry, rarified air can only do injury; while a sojourn in a favorable climate down by the sea, or a prolonged ocean voyage in properly selected cases, may be of the highest benefit.— *Annals of Otology*.

THE TOOTHBRUSH AND ITS USE.—A toothbrush should be made up of irregular tufts of bristles, slightly curved to conform to the contour of the dental arch and converging to a point, and the brush itself be small enough to reach every part of the mouth. In brushing lay the side of the brush against the teeth, the bristles pointing toward the apices of the roots, and turn the brush toward the cutting surfaces of the teeth. This will cause the bristles to spread out and penetrate the crevices between the teeth, brush the more exposed surfaces, and give the gums a healthy massage. Keep the mouth open, think of what you are doing and be careful to brush the inside as well as the outside of the teeth. Never

close the mouth attempt to save time by brushing the upper and lower together, for neither will receive proper attention.  
— *Pediatrics*.

THE PATHOLOGY OF BRIGHT'S DISEASE.—In Bright's disease the texture of the kidney is so changed as to modify or suspend its function, which is to eliminate the toxins from the blood brought to it by the renal artery and returned purified through the renal vein, while the waste passes off through the uriniferous tubules. The cardiovascular change of Bright's disease is one of degeneration, and results in a weak heart and soft, compressible pulse, which must not be confounded with the rigid, wiry pulse of arterioscleroses, which often complicates the incipient stages. Dropsy is influenced by three conditions: Albuminuria, by withholding the globulin of the red cells, causes anemia and hydremia. The capillaries altered by inflammation or lack of nutrition are more permeable, especially by the diluted blood. Vasometer weakness due to innutrition favors exudation and retards absorption. Uremia is a mixed form of poisoning, no single element accounting for all the symptoms.— *Medical Record*.

PALLIATIVE TREATMENT OF SPINA BIFIDA.—The treatment of spina bifida is palliative and radical. The former is employed when the latter is to be deferred or is declined. Its purpose is two-fold, to protect and to exercise compression. It may be employed in the form of a cup of some flexible material, fitted to the tumor, padded with cotton wool, and fastened on by adhesive strips and a roller bandage, with sufficient firmness to produce some compression. This may not only prevent the growth of the tumor, but actually lessen its size. It very occasionally results in a cure. An excellent dressing is that employed by Dr. A. M. Phelps, of New York, who makes a plaster of Paris case to fit the tumor, pads this with absorbent cotton, and fastens it on by a band of plaster of Paris around the case and body.— *Virginia Medical Semi-Monthly*.

**RADICAL TREATMENT OF SPINA BIFIDA.**—I agree with Dr. Bayer, who has made a careful study of the subject of spina bifida, that there are many points of resemblance between this condition and hernia, and that practically the same treatment is indicated — viz., excision of the sac, with replacing the nerve elements, if there are any present, ligation or water-tight suturing of the stump and closure of the opening in each of the overlying tissues as far as practicable. Various methods have been used for closing the gap in the bones, such as attaching chips from the ribs, or a chip from the crest of the ilium (Robroff), cutting through the bases of the laminæ and drawing them together by sutures, or springing into the gap a piece of celluloid or ivory (Park). All have been generally successful.—*Dr. J. W. Hinson in Virginia Medical Semi-Monthly.*

**EXHIBITION OF MEDICAL CASES, POST-TYPHOID INSANITY.**—Dr. McCrae, presenting the patient before the Johns Hopkins Hospital Medical Society said: "This case is of considerable interest on account of the rarity of the condition, namely, marked mental symptoms following typhoid fever. Since some of you saw him in the clinic last week he is convalescing from the fever but he is still showing marked mental features. Briefly the history is that the patient was admitted on the 14th of September with fairly severe symptoms of typhoid. He ran an ordinary course as far as the fever goes and is now at the end of the sixth week. Early in the disease he showed marked mental symptoms, being delirious and later suffering from delusions. This was followed by a period of melancholia, but within the last forty-eight hours he has again shown a change, and this time for the better, so that it looks now as if he would soon be well.—*Johns Hopkins Med. Bulletin.*

**HEMATOLOGY.**—There are very few diseases where even an exhaustive examination of the blood can absolutely establish a diagnosis — malaria, leukemia, and, generally, pernicious anemia and chlorosis being the most conspicuous instances. But it is of absolute value in differentiating many affections,

and an invaluable aid in studying the progress of numerous diseases, and hence in prognosis. There are comparatively few affections where a careful and intelligent study of the blood may not throw some light on the case. The value of its results are quite as decided as those obtained by examination of the urine, and its range of usefulness much wider. Acknowledging, as we must, the greater accuracy in studying disease furnished by it, it is not likely that this or anything else in the way of clinical laboratory methods will ever lessen the clinician's need of highly trained powers of observation, or relieve him of the responsibility of passing judgment on doubtful cases.— *Virginia Med. Semi-Monthly*.

... TO TEST BUTTER.—A simple test given out by the Department of Agriculture to differentiate between butter and substitutes is as follows: Put about as much as a big hickory nut of sample into a beaker nearly filled with fresh milk, heat gently until the fat melts and spreads over the surface of the milk, now remove heat and as the milk cools stir the fat continuously with a splinter of wood until the fat congeals. At congealing point butter will granulate and cannot be collected in one mass; oleomargarine can easily be collected in one lump. The distinction is very marked, and if the test be tried on a sample of pure butter first there will be no difficulty in making the distinction. The stirring need not be continuous until the fat begins to cool down to just above its congealing point. Lard, "cottolene," and butter with seventy-five per cent. or more oleomargarine will behave like oleomargarine.— *Merck's Report*.

NIGHT TERRORS IN CHILDREN.—The most important treatment is to rid the child's mind of the impression it has received, by gentleness and kindness. A child should have a definite and early bedtime. Congestion of the brain from insufficient sleep and undue excitement, is the cause of many children's disorders and should be avoided. As a preliminary, look first to the parents of the child. Neurotic patients being in a constant state of irritability themselves, scold and



nag their children incessantly, (yet have not the will-power to enforce real discipline), thus destroying what little mental equilibrium their unfortunate offspring may have been born with. Parents should be taught intelligent care of their children. Bathing is useful, particularly warm sponge baths at bedtime; if possible the child should sleep long, and the room should be well ventilated. Above all, good nutritious food should be given, and the last meal should be light and non-irritating.—*Amer. Med. Monthly.*

ADULTERATION OF CANNED MEATS.—The report of the Department of Agriculture, shows that no meats are more adulterated than those which are sold as canned fowls, particularly the "potted" and "deviled" preparations. "There is no field in canned meats which offers more opportunities for adulteration than the potted meats of the more expensive grades," say the chemists. Five samples of potted chicken and turkey, out of ten, were found to contain pork, four of them in large quantities. In three samples of potted tongue pork was substituted for beef. Even when the meat is left in large pieces, turkey, pheasant, woodcock and other expensive meats are discovered to be merely a treatment of chicken. Speaking of patés, the report says: "It is something of a surprise to find that even in a high-priced imported paté de foie gras the traditional diseased goose livers have been replaced by beef and pork. There can certainly be no objection to such a substitution on hygienic grounds, but as a matter of interest and fair dealing it is most reprehensible."—*Boston Herald.*

FREQUENCY OF FEEDING BABIES.—Very young babies should be fed regularly every two hours from 5 a. m. to 9 p. m., and not more than once or twice after the last named hour. After two months the intervals should be increased to two and a half hours; at four months to three hours, and so on, till by the end of the first year not more than six feedings are necessary. It is important to insist that this shall be done, because the baby's stomach has a very limited capacity

and requires just so much time for the digestion of its milk. With a little pains taken at the beginning it is only a short time before nursing habits are established and the baby will not only learn to wake up at the right time, but, having its meal, will return to its slumbers with very little interruption. — *Pediatrics*.

PUERPERAL ECLAMPSIA.— In considering puerperal eclampsia, attention is called to the widely divergent views held by various observers regarding the etiology of this affection, one even going to the extent of declaring eclampsia a self-limited, air-born, contagious malady ; all of which is sufficient evidence of the unsatisfactory state of our knowledge upon the causative factor. The usual prophylactic measures regarding diet and the use of large quantities of fluid are advocated. In the treatment of the attack, venesection and veratrum viride seemed to be much less extensively employed than formerly. Morphine and chloroform are still our most efficient weapons for the control of convulsions, while the use of normal saline solution, by any of the three methods of introduction into the system, is uniformly commended and advised, and can be used in conjunction with any other therapeutic measures. It is hardly necessary to add that, in most instances, everything should be done to secure a prompt delivery.— *Hom. Journal of Obstetrics*.

SCARLET FEVER A GERM DISEASE.— The germ discovered by Class is a diplo-coccus, closely resembling the gonococcus, but larger, and having somewhat the appearance of a tetrad, owing to a pale streak running transversely through each half of the organism. It takes aniline dyes well and is decolorized by Gram's method, though not completely. The culture medium is ordinary glycerine agar with five per cent. sterilized garden earth. Growth occurs at 35 degrees C., in four to seven days, in the form of small, whitish-gray, semi-transparent colonies. The chief culture characteristic of the germ is its glutinous character, and is well marked in primary cultures taken from the throat. Class found the germ in the epider-

mic scales and the throat of 300 cases of scarlet fever. His reasons for believing this diplococcus to be the cause of the disease are based upon the facts that the germ is invariably present in the throat secretions, blood, and scales of scarlet fever patients.— *The Chicago Clinic*.

SEVERING THE VASA DEFERENTIA TO PREVENT PROCREATION.— Heredity of moral qualities is as evident as that of physical conditions. The marriage of the unfit should be restricted. Every male who passes the portals of a state institution — be it almshouse, insane asylum, institute for the feeble-minded, reformatory, or prison — should be rendered sterile. This should be done in as humane and considerate a way as possible. The author has severed the vasa deferentia in forty-two patients, and can state positively that it does not impair the sexual power of those operated upon, that they improve mentally and physically, in that they increase in flesh, feel that they are stronger, and while prior to the operation they made no advance in school, their advance now is fairly satisfactory. Castration practically destroys the future enjoyment of life, and the knowledge of the patient that he is deprived of sexual power has a very depressing effect. Section of the vasa deferentia is then the rational means of eradicating from our midst a most dangerous and hurtful class.— *New York Med. Journal*.

CARE OF THE TEETH.— Brushing the teeth with water alone is not sufficient. A tooth powder should be used every time the teeth are brushed. This may seem a bold assertion, but in the opinion of the writer a tooth powder which may be used at all may be used at all times ; any powder containing the smallest trace of grit should be discarded. A good antiseptic antacid mouth wash is also a very good adjunct to the dental toilet, for after properly brushing the teeth some bacteria may still remain in inaccessible places and these the mouth wash will destroy or render innocuous. In some mouths it is wise to pass waxed dental floss silk between the teeth before brushing them, in fact it can do no harm in any

mouth. The services of a dentist should be sought regularly every six months for the purpose of examination. It does not follow that the dentist will find anything to do, but he is the best judge as to whether his services are required.—*Pediatrics*.

INSANITY AND CRIME.—In the light of the criminal history of Rhode Island the danger of lunatics being punished would not seem to be any greater than that of criminals escaping punishment. In spite, however, of history and experience, each new case presents new difficulties, and we find so many "border-land dwellers," so many who present new phases of mental unbalance, so many who are wont to wrap about themselves the mantle of insanity, with such a seeming fit, that there is ground for honest difference of opinion, even among medical experts. The cases which furnish the most tragedies, the cases which are the hardest to determine by examination of the individual alone, are those which grow out of the epileptic constitution. Epileptic fits may have long intervals, years even, between each other. Epilepsy may never manifest itself in any form of convulsion, and yet have psychic equivalents more dangerous to the community than the most typical form of epilepsy. The points which it is desired most to emphasize can be best brought out by illustrative cases.—*Providence Med. Journal*.

TEACH PATIENTS TO STAND AND SIT ERECT.—A woman can stand longer, walk a greater distance with less fatigue, and perform more labor, if she habitually preserves the erect attitude. When a woman sits or stands in an erect position, the weight of the intestines comes upon the bony pelvis, which is placed obliquely in relation to the trunk of the body and intended for a support for them, while, if she sits in an incorrect position, the weight of the abdomen comes directly upon the generative organs and appendages, pushing them out of position and stretching their ligaments. Added to this bad position is the rocking-chair habit, to which many women are addicted. After a woman has done a hard morning's work,

probably standing two-thirds of the time with the abdomen thrown outward, resting first on one foot and then on the other, she takes to a rocking-chair in the afternoon and rocks to and fro, to and fro, so that in addition to a strained position of the abdominal organs, she keeps them swaying in constant motion for hours.—*Hom. Jour. of Obstetrics*.

X-RAY TREATMENT OF CANCER; REPORT OF A CASE.—A man, æt. thirty-nine, had his left testicle injured four years ago. The organ had pained him at times ever since. About a year ago he noticed it was growing larger quite rapidly. Last March the organ was removed and examined microscopically and pronounced to be a carcinoma. Four months later the patient had a recurrence of the pain, and examination revealed a nodule in the inguinal canal on the cord. This nodule seemed to be attached to the surrounding tissue, and was declared by the surgeon who had operated in the first place, and by two others in consultation, to be a recurrence of the cancer. The patient, being discouraged by the failure of the first operation, refused to have a second, and decided to try the X-ray. After six-weeks' treatments of three per week for six minutes, each at five inches distance, the nodule has entire disappeared, as has also the pain. The surgeon above referred to examined the case after the treatments and concurred in the opinion just stated.—*Journal of Electro-Therapeutics*.

HISTOLOGICAL CHANGES IN THE BLOOD.—While examining the blood of carcinoma cases I noticed the same peculiarities which I found in syphilitic blood, namely, the crenated red corpuscles with ameboid movement. Specimens of syphilitic blood, or blood from carcinoma cases when stained, showed a corresponding number of nucleated cells to the number of crenated cells observed in the fresh specimen. Microscopically examined, the blood after vaccination showed the same histological changes, both in the fresh and stained specimen, as were observed in the blood of cases of carcinoma and syphilis. I have subsequently examined the blood in a large num-

ber of cases before and after vaccination with the same results. Although I have examined the blood in all other diseases known, I have never noted such absolute comparative results as were observed in the blood of cases of carcinoma, syphilis and vaccination. The deduction from these facts leads to the opinion that the introduction of virus into the circulation causes those peculiar histological changes in the blood of vaccinated persons, and why should we not direct our research work to learn whether syphilis and cancer are diseases due to virus autointoxication.

**ALCOHOLIC DEGENERACY.**—An alcoholic family history is largely responsible for what we call atavism—reversion of the species to lower types. As progress and development are made at a fearful cost of suffering under the most favorable conditions, as every step forward is a step up hill, we should unite in a war on all artificial means for the undoing of the race. Drinking injures the cell, and the cell is the basic unit of all development. Children born of drunken parents suffer from impaired nutrition, increased susceptibility to environment, the mental or moral nature is often blighted. The drunkenness of parents at the time of conception is considered the commonest cause of imbecility. Alcohol, by consuming the vitality of parents, dwarfs the chance of the children for natural healthy development. As physicians, we have a great deal of influence in the home, and should put ourselves on record as unitedly opposed to alcohol on scientific grounds. No one thing is better established than that alcohol is hurtful to the individual and to the race. It easily forms a cursed habit very difficult to break, and so starts a cycle of pathology extending through generations. — *The Medical Brief*.

**SYMPTOMS OF OPTIC NEURITIS.**—Vision may be affected or not; in the first and second stages usually but little; in the third stage vision is usually much damaged or lost. Impaired vision may come on slowly or rapidly; sometimes loss of vision is very sudden; field of vision is usually concentrically

contracted ; may occasionally take other forms. I now refer to the so-called papillitis, not to retrobulbar or peri-neuritis. Red and green is usually lost before other colors. The eye externally shows no symptoms ; there may be some pain on movement of the eye. If blindness is complete, the pupil is dilated and immobile. The ophthalmoscope shows, as stated before, different degrees of dimness of outline of nerve ; different degree of swelling of head of nerve as measured by lenses in the ophthalmoscope ; different degrees of decrease of size of arteries, increase of size of veins, and tortuosity of both. There may or may not be hemorrhages on or in the neighborhood of the disc. If in the retina. they are liable to be in the fiber layer and flame-shaped. The arteries and veins may be partly hidden by the edema.— *The Louisville Mo. Jour. of Med. and Surg.*

AN ANOMALOUS CASE OF GOUT.—There are many anomalous cases of gout met with ; one of the most instructive to me has been a case of gout which came to me from a family famous for its gouty history. The patient was a woman thirty-five years of age who had been treated classically for gout ; she had all the clinical picture of gout but was not getting well. She was wretchedly weak and emaciated. I placed her on "butcher meats" again for she craved them terribly and stopped her gouty treatment. She began to pick up at once ; the meats taken in moderation did her worlds of good, while the use of large quantities of water containing boric acid was the only medicine. It helped her symptoms, cleared up a cystitis she was troubled with and made her a well woman. She has tried this diet now for two years and is better than for many years. So every case must be studied and not left to hard and fast rules, the guide to treatment being the improvement noted. The dress in gouty patients must be carefully watched ; the patient should dress warmly and carefully in winter, and even in summer should take great care to protect himself or herself from changes of weather or temperature.— *The Medical Times.*

COLLEGE, HOSPITAL AND LABORATORY NOTES.

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A NEW KELLOGG SANITARIUM will soon replace the one recently burned at Battle Creek, Mich. The proposed building will be a five story structure, resembling in design the Treasury building at Washington, D.C.

THE BOOTHBY SURGICAL HOSPITAL, at 1 and 3 Worcester square, Boston, has gotten out a most attractive booklet, handsomely illustrated with cuts showing the exterior and interior of the hospital. This hospital has completed its thirteenth year, and offers excellent accommodations for cases which can be treated to better advantage in a place equipped like this with all modern appliances. All accredited members of the profession can send and treat patients here. The latter are cared for by trained nurses.

A SOMEWHAT novel feature of the last meeting of the Massachusetts Homœopathic Medical Society, was an exhibit of a collection of gross pathological specimens from the laboratories of Boston University School of Medicine. The exhibitor, Dr. Watters, illustrated the methods used at the school in teaching practical pathology by the employment of a modification of the Kaiserling methods of preserving the color of tissues, combined with permanent mounting in a potassium-gelatin solution, thus allowing the specimens to be easily handled, and at the same time preserving both their color and normal relations.

The exhibit included a series of preparations of organs from a case of general miliary tuberculosis. This case was seen and examined during life by all the members of the junior class, underwent post mortem examination by them, and both gross and microscopical examination of the organs were made later in the laboratories. This would seem to make the case as nearly complete from a pathological viewpoint as is possible. It well illustrates the effort made to secure thoroughness in the study of pathology, and the advantages given Boston University School of Medicine students in this department.



OBITUARY.  
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THE HON. ALDEN SPEARE, of Boston, who died at Pasadena, Cal., March 22, 1902, at the age of seventy-seven, has left an enviable record of years of faithful service and good deeds. He had long been conspicuous for his wide activities and great beneficence. His grandfather and father were both physicians, and it was only the death of the latter which prevented Mr. Speare from completing studies already begun, and entering the profession. Well and wisely, however, did he serve its interests, and exhibit the breadth and generosity of his nature. For eight years he served on the board of trustees of the State Hospital for the Insane at Westboro, Mass., and at the time of his death was its chairman. He was a trustee of Boston University, to which he gave \$100,000, and was specially interested in its medical school, for of homœopathy he was a staunch supporter.

A widow and four children survive him.

DR. WILLIAM F. SHEPARD, one of the most prominent members of the medical profession in Bangor and one of the leading practitioners of the homœopathic school in Maine, died April 12, 1902, at his home, 25 Fourth street, after a short illness, from pneumonia. His age was fifty-seven years.

Dr. Shepard was born in Bangor on Jan. 26, 1845, and graduated from the medical school at Bowdoin College in 1871. He immediately commenced practice in Bangor. He was appointed resident physician in the Homœopathic Hospital in Philadelphia soon after, and served in that position in the fall and winter of 1871 and 1872.

DR. WILLIAM VON GOTTSCHALK, ex-mayor of Central Falls, R. I., died in that city April 3, 1902. He was forty-seven years old. Dr. Gottschalk was a graduate of Boston University School of Medicine, class of 1877, a member of the Rhode Island Homœopathic Medical Society, the American Institute of Homœopathy, and the Pawtucket Medical Asso-

ciation. He was a Mason and an Odd Fellow, a member of many military organizations, and prominent in politics. He was married in 1884 and his wife survives him. Dr. Gottschalk had a host of friends, and was popular in public and private life.

DR. FRANK R. WARREN, one of the most promising and successful of young physicians, passed away at his home in Worcester, Mass., Feb. 14, 1902. Dr. Warren was born in Milford, N. H., Oct. 7, 1870. He graduated from the New York Homœopathic Medical College, and for the past ten years has been associated in practice with his father, Dr. J. K. Warren. He was a member of the Massachusetts Homœopathic Medical Society, and secretary of the Worcester County Homœopathic Society. He was a member of the surgical staff, and one of the board of directors of Hahnemann Hospital, and also a member of the Massachusetts Surgical and Gynecological Society.

He leaves a wife and two little sons, one four years old, the other two.

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## PERSONAL AND GENERAL ITEMS.

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THE thirty-sixth annual session of the Indiana Institute of Homœopathy will be held May 27 and 28, at the Denison Hotel, Indianapolis. Dr. H. H. Baker of Muncie, Ind., is the secretary, and has charge of the arrangements.

IN THE UNITED STATES SENATE a bill has been introduced "to regulate the sale of viruses, serums, toxins, and analogous products in the District of Columbia, to regulate inter-State traffic in said articles, and for other purposes."

IN PARIS, FRANCE, the authorities have authorized the construction of boxes which are being attached to lamp posts, and which will contain a stretcher, dressings for wounds and a telephone connecting with the nearest ambulance station.

DR. GIOCCHINO POMPILI, the founder of the "*Rivista Om-iopatica*," the leading homœopathic journal in Southern Europe, died in Rome, March 19, 1902. For forty-seven years he edited this publication, and warmly and consistently supported the cause of homœopathy.

THE CLEVELAND MEDICAL JOURNAL is a new aspirant for fame in the ranks of medical publications. It has been formed, however, by the union of the *Cleveland Medical Gazette* and the *Cleveland Journal of Medicine*. An improvement in form and contents is already apparent, though the general policy remains the same. Dr. P. Maxwell Foshay is the editor.

BOSTON'S SMOKE NUISANCE is evidently to be abated, for on April 10th the committee on cities heard the arguments of the petitioners for a law prohibiting the smoke nuisance within a radius of ten miles of the State House. The petition will undoubtedly be successful. As there were no remonstrants, a sub-committee was appointed to draft a new bill.

LEPROSY in the United States, is the subject of a recent report by a commission of medical officers of the Marine Hospital service, appointed to investigate its origin and prevalence. The total number of known cases is given as 278, of which 155 are credited to Louisiana, an unenviable distinction. Of course there are doubtless many cases which were not discovered.

THE INTERNATIONAL HAHNEMANN ASSOCIATION is preparing for the annual meeting, which takes place June 24th, 25th and 26th, at the Chicago Beach Hotel, Fifty-first street and Lake Michigan, Chicago, Ill. An interesting and exhaustive programme is being prepared, and will be sent out to those interested, by the secretary, Dr. J. B. S. King, 6713 Wentworth avenue, Chicago.

THE BOARD OF MEDICAL EXAMINERS IN NEW JERSEY during the year just gone by has examined eighty-seven applicants for medical license, sixty-three of whom were licensed and twenty-four rejected, making the percentage of rejections 27.58 ; twenty-three applicants for midwifery license were examined, sixteen of whom were licensed and seven rejected, making the percentage of rejections thirty.

THE committee on pathologic exhibit for the American Medical Association, which meets at Saratoga, N. Y., June 10th to 13th, inclusive, is anxious to secure material for the coming session. Last year the materials included not only pathologic specimens, but also others illustrating bacteriology, hematology, physiology, and biology. New apparatus, charts, etc., will be appreciatively welcomed, and exhibits will be given the best of care.

FEES IN FRANCE vary, and the question is now, What should be the charge for a surgical operation by one of the princes of the art? This ticklish query has just been occupying the Seine civil tribunal. Dr. Albarran sought to recover \$1200 from a Nanterre grocer as a fee for performing laparotomy on the latter's wife. The court considered the charge exorbitant and reduced the same to \$500, stating that it is a medical man's duty to fix his fees in proportion to the patient's means.

THE twenty-fifth anniversary of the Homœopathic Medical Society of Western Massachusetts, held at Springfield, Mass., March 19, was a great success and largely attended. The officers elected for the ensuing year are : President, Dr. Samuel E. Fletcher of Chicopee ; first vice-president, Dr. Plumb Brown of Springfield ; second vice-president, Edward Beecher Hooker of Hartford ; secretary and treasurer, Dr. Alice E. Rowe ; censors, Dr. O. W. Roberts of Springfield, Dr. F. A. Woods of Holyoke, and Dr. E. W. Copeland of Northampton. Steps were taken to enter a protest in the Legislature against the bill making physicians eligible to serve on juries.

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## ORIGINAL COMMUNICATIONS.

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### **SOME DRUG STUDIES IN RELATION TO RHEUMATISM, GOUT, AND LITHEMIA.**

BY RICHARD HUGHES, M. D., ENGLAND.

I am apprised that the annual meeting of the Massachusetts Homœopathic Medical Society holds its first session this year on April 8th, and that on this occasion the Bureau of Clinical Medicine will report on "The Arthritic Diseases: Rheumatism, Gout, and Lithemia." I am asked to acquit myself of the obligations involved in the honorary membership the Society long ago conferred upon me, by contributing a paper to that report, and occupying myself in it with the relations of drugs to the morbid states in question.

In undertaking such a task, which I do with pleasure, I am arrested at the outset by the assumption involved in the title—that rheumatism, gout, and lithemia are "arthritic diseases." "Arthritic," as its etymology implies, denotes a malady which has joint inflammations among its pathognomonic features. This can justly be said of rheumatism and gout, but hardly so of lithemia, which can only induce arthritis by acting as the predisposing cause of gout, in respect of which it holds much the same relation as scrofula does to tuberculosis. I would not, therefore, classify these three diseases as "ar-

thritic," nor would I rank them on a common level. The resemblance of rheumatism to gout is phenomenal only, and this very imperfect; and the former seldom, if ever, has lithemia as a substantial predisposing cause, at any rate, of its acute form. Still more unlike are the exciting causes of the two maladies, which with rheumatism are atmospheric, with gout mainly dietetic.

As in so speaking I am rather opposing the trend of present-day pathology, let me substantiate my view by a quotation from a recent authority — the article on gout by Dr. Frederick Roberts in the second edition of Quain's Dictionary of Medicine.

"Acute rheumatism," he writes, "unlike gout occurs most frequently for the first time in early life, from sixteen to twenty years of age, and is not uncommon even in young children. Though most common in males, it often attacks females, which gout does not. It is not favored by the habits which generate or promote gout, and affects all classes of persons, but especially those who from their occupation are liable to exposure to cold and wet. Such exposure, or some other definite cause originating a chill, usually accounts for an attack of acute rheumatism, and it is not preceded, as gout generally is, by any particular premonitory symptoms. The joints involved are the middle-sized or the larger ones, several of which are generally implicated in succession during the illness, the rheumatic inflammation having an erratic character, in all this differing from gout. The local symptoms also tend to be less severe, there is less marked edema about the joints, and no enlargement of the veins or subsequent desquamation. Pyrexia is high as a rule in acute rheumatism, and is often quite out of proportion to the extent of the articular affection, while profuse acid perspiration is almost always a prominent phenomenon. These features are absent in gout. The urine is simply febrile. The attack lasts a considerable time, perhaps several weeks if it at all severe, while during its course some acute cardiac inflamma

tion is very liable to supervene. In addition to other differences, chronic rheumatism is at once distinguished from gout by the entire absence of uratic deposits."

All this, I think, is indubitable, and it points to the essence of acute rheumatism as standing in a poison distinct from, though analogous to, that of gout. The latter is admitted to be uric acid, an excess of which in the blood its predisposing causes manifestly favors, while its presence, as urate of soda, in the gouty joints is demonstrable. I am at a loss to know why the theory that lactic acid plays a similar part in acute rheumatism should nowadays find so little acceptance. The etiology of the disease favors it—I mean the frequent supervention of the symptoms on a check to perspiration, but we have more cogent evidence still in their actual development by the ingestion of the acid on the part of non-rheumatic subjects. Kuelz has once, and Balthazar Foster twice, observed this in diabetics treated by full doses of the acid, as may be read in the "Cyclopedia of Drug Pathogenesy." It will also be seen there that Richardson has found the cardiac and pleural inflammations characteristic of the disease in animals into whose peritoneal cavity the acid had been injected. During life there were evident signs of pain and tenderness in the joints.

These facts have a negative bearing, but also a positive one. They dissuade us from employing lactic acid as a similar in the treatment of rheumatic fever, for in all probability this substance is the actual *materia morbi*, and is present in considerable quantity in the circulation. On the other hand, they give us a truly homœopathic remedy for arthritic and cardiac conditions otherwise occurring, and one which ought to find more employment. A Dr. Zolatoria has been led, I know not why for he is not a homœopathist, to try it in the stubborn affection known as "arthritis deformans." (chronic rheumatoid arthritis). The case was one of ten years' standing and the patient, a woman, had been bedridden for a twelvemonth; but she got up and walked after three weeks'

treatment and so improved, thereafter that no further care was required and ordinary duties could be resumed. The dosage is not specified.\*

This is a digression, that we may know what we are thinking about when we speak of rheumatism, gout, and lithemia. Let us turn now to the aid which medicines supply in dealing with these affections.

Of the lectures I had the honor of delivering in 1884 before the Boston University School of Medicine,† I devoted two to "Rheumatism and the Anti-Rheumatics." I passed in review bryonia, with aconite, colchicum, pulsatilla and pro-pylamine; rhus, with dulcamara, rhododendron, kalmia and spigelia; cimicifuga, with caulophyllum, ledum, ruta and viola; mercurius, with kali bichromicum and phytolacca; arsenic and sulphur. I have nothing to add to what I have there said, save as regards colchicum. Whether my remarks on this drug had anything to do with it I cannot say, but there has been a revived interest of late in this medicine as an anti-rheumatic. Dr. Goodno, of Philadelphia, in his excellent "Practice of Medicine," speaks of more than eighty cases treated by him with a solution of Merck's colchicine in the proportion of a grain to an ounce. Of this 5 to 10 drops were given for a dose. "Relief of pain," he says, speaking of acute rheumatism, "follows in most cases within twenty-four hours, and within forty-eight hours the patient is generally comfortable, the swelling, fever, sweats, etc., much diminished. By the third or fourth day it is evident that the case is thoroughly in hand. By the fifth to the seventh day it is difficult to keep the patient in bed."

Dr. Colby has communicated to the NEW ENGLAND MEDICAL GAZETTE of March, 1895, an equally favorable experience in sub-acute cases. "It is of course," he says, "specially useful in gouty subjects, but even apart from this it is well indicated when the inflammation attacks chiefly the hands and feet, shows central tenderness on palpation, moderate

\**American Homoeopathist*, Jan. 15, 1890.

†Published as "The Knowledge of the Physician." Otis Clapp & Son, Boston.



swelling and a pink blush, causes constant pain increased during the prevalence of damp east winds and especially before a storm, and gives the affected members a sense of paralytic weakness." He prefers the "vinum" of the British Pharmacopœia, and thinks that nothing is gained by attenuating it.

I can, moreover, add some further evidence to that which I have adduced in favor of the homœopathicity of colchicum. I have related one case of poisoning in which the patient asked the reporter whether she had not got rheumatic fever, and referred to another where a boy who had eaten portions of the plant had his left elbow and knee joints swollen and painful. The "Cyclopedia of Drug Pathogenesis," however, since published, enables me to add yet another, where of seventeen persons who drank from a bottle of the vinum, severe pains were felt in the knee joints by some, and in two cases were very marked in the left shoulder. Among the poisonings, moreover, will be found in one case short, lancinating pains in the joints, and in two sour sweats. Later still we have the experiments of M. M. Mavitt and Combemale. They were made with colchicine upon eight men, three dogs and a cat. In the human provers dull pain was felt in the joints, and in the cat, which was killed as soon as the effects of the poison began to manifest themselves, an autopsy showed congestion of some of the articular surfaces and of the "moelle osseuse," by which I suppose is meant the medullary canal. The reporters were constrained to recognize that "colchicum produces its therapeutic effects by an irritant action," and that "in gout (they might have added "and rheumatism") it produces a substitutive irritation of the articular surfaces." That "substitutive" is equivalent to "homœopathic," we hardly need Trousseau's admission to demonstrate.

The same series of facts bear upon the relation of the drug to gout, and show that its history need not prejudice us against its employment or deprive our patients of the benefit

it confessedly affords. The remedy was not, indeed, arrived at by the rule *similia similibus*, but it might have been, and now, though actually discovered empirically, no formula seems so well to express the relation of its curative to its pathogenetic effects. So far as it effects the joints, it does so by causing pain and tenderness in them, i. e., by inflaming their tissues. It acts like the urate of soda whose deposition in them causes the gouty paroxysm. The facts suggest, moreover, that the action of the drug is on the local manifestations rather than on the fundamental seat of the malady. The testimonies I have adduced in my Pharmacodynamics from Persia, of Sendamore and George B. Wood, show that this suggestion is borne out by experience, and Garrod is cited there as having ascertained that the excretion of uric acid is certainly not increased, if anything rather diminished, under its influence. Mr. Clement Wilkinson, however, had opposite results in his own person, the proportion of uric acid in his urine being half as much again as usual while he was taking the vinum colchici in doses of 30 to 60 minims daily. This point requires further elucidation.

The observer I have just named tested lycopodium, sulphur, and urtica urens on himself, and found them all to behave like colchicum. He related these experiments to the British Homœopathic Society, in the fourth volume of whose *Journal* his communication will be found. In the discussion which followed its reading, Dr. Dudgeon mentions corresponding experiences with thlaspi bursa pastoris, but rather in its therapeutic than its pathogenetic use.

The results obtained from urtica are interesting, as our late colleague, Dr. Burnett, speaks warmly of its value in his little book on gout. If Mr. Wilkinson's experiments should be verified, it would seem that it is in virtue of its physiological action that it produces the effects stated, and to this Dr. Burnett's doses, which are rarely below ten drops of the mother tincture, would also point. Lycopodium and sulphur are such deep-acting and far-reaching drugs that a single

proving directed to a particular symptom can be nothing more than suggestive, and they might be homœopathically suitable even where the output of uric acid was insufficient.

This brings us to lithemia, of which such deficiency is a common feature, but I fear there is not much place for drug study here. It is the result of faulty habits of life, and can be best (may I not say only?) cured by their reformation. By the ingestion of too much food and employment of too little exercise, the fire of life is overloaded with fuel and mulcted of the free circulation of air, hence becoming choked with cinders and burning feebly. The cinders here, too, are positively noxious, forming a toxin which is, or may become, the uric acid whose deposit in the joints sets up gout.

The one thing for a patient so afflicted is to diminish the supply of pabulum, and increase oxidation and elimination. Air, exercise, copious water drinking, disuse of alcohol, reduction of the nitrogenous and increase of the fruit element in his diet,—these are measures which will do more for him than all the medicine in the world. Not to lose any possible benefit from the latter, I would put the patient on sepia, if a woman, lycopodium, if a man, but I would make it clear to him or her that the one hope of (physical) salvation lay in the hygienic measures I had put in the foreground. Otherwise, we shall have him, if a man, running to a hydropathic establishment or putting himself under the Salisbury regime, and the good he will get in this way will be thought to compare favorably with the treatment we had prescribed for him.

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## THE URINE IN ARTHRITIC DISEASES.

BY J. BERGEN OGDEN, M. D., NEW YORK CITY.

It gives me great pleasure to come before you this evening to point out some of the salient features of the urine of those suffering from diseases of the joints. In many of these dis-

eases the urine is a decided aid not only to diagnosis, but also to prophylactic and curative treatment.

It is needless for me to treat here of the importance of complete qualitative and quantitative examinations of the twenty-four hour quantity of urine, suffice it to say that it is the general metabolism that should be the subject of special study in all arthritic diseases. This involves not only the qualitative tests but quantitative determinations of the urea, uric acid, chlorides, phosphates and sulphates. I regret to say that often too much is taken for granted from the customary tests applied to a single specimen of urine, i. e., a determination of the specific gravity, and the tests for albumin and sugar. The reason that this is so is apparently because the busy clinician does not have the time to make an extended study of the urine, and especially the total urine in twenty-four hours which serves as a standard for comparison.

A few words concerning the chief source of uric acid may be of interest before taking up the characteristics of the urine in some of the more important affections of the joints. Since the very important work of Horbaczewski, Minkowski and others, some of the sources of uric acid have become pretty well established. There can be little doubt that the nucleins which are derived chiefly from the food ingested are converted into uric acid. Horbaczewski prepared uric acid from tissues rich in nuclein, such as the spleen pulp, and from spleen nuclein by slight putrefaction, subsequent oxidation with blood, and then cleavage by boiling. If the oxidation was neglected, he obtained an equivalent quantity of xanthin bases; in other words, the xanthin bases seem to occupy an intermediate position between nuclein and uric acid.

Bearing on the investigation of Horbaczewski, we may rightly question whether the uric acid formed from nuclein is the direct result of oxidation. This observer found that the nucleins ingested produced a distinct leucocytosis, and he claims that the uric acid formation is in direct proportion to

the degree of leucocytosis produced, and the subsequent destruction of the leucocytes that are in excess of the normal for that individual; that the greater the leucocytosis, the greater the amount of uric acid formed. The influence of leucocytosis on the amount of uric acid eliminated is clearly demonstrated in cases of leukemia, in which not only the number of leucocytes in the blood is very large, but also the output of uric acid is very high.

There is scarcely anything known concerning the *seat* of formation of uric acid. It is not my purpose to enter into a discussion of this question here, suffice it to say that if we are to accept the belief that uric acid is derived chiefly from nuclein, we must look for its formation in those organs in which destruction of tissue takes place, be it in the liver, the spleen or other viscus.

In diseases of the joints, aside from acute articular rheumatism, acute and chronic gout, the urine is usually not pathological; in other words, in arthritis deformans, chronic rheumatoid arthritis, tuberculosis and other affections of the joints, there appears to be no direct or indirect connection between the pathological condition in the joint and the urine or the urinary tract except, perhaps, the evidence of low metabolism which is almost a constant feature of most chronic diseased conditions.

In acute articular rheumatism the urine has the features characteristic with fever. The quantity in twenty-four hours is small, say five hundred to one thousand cubic centimetres, the color is high, and the specific gravity will usually range between 1025 and 1035. The normal solid constituents are generally relatively increased and especially the uric acid. Frequently the urine appears to be saturated with uric acid at the body temperature, and as soon as the specimen cools to room temperature a heavy deposit of amorphous urates and often crystals of uric acid separate. This phenomenon is not seen in all instances of rheumatic fever but it may well be considered the rule. The absolute solids are

usually more or less diminished, except the uric acid, which often exceeds a gram in twenty-four hours. The total sulphates are sometimes found to be increased. If complications arise, such as pericarditis, endocarditis, pleurisy or pneumonia, the chlorides and phosphates diminish very rapidly and may, in rare instances, entirely disappear from the urine.

Albuminuria is quite a constant feature of this disease, the amount varying from the slightest possible trace to a trace. In the sediment we usually find evidence of a renal congestion or active hyperemia, that is, we find a few or sometimes numerous hyaline, granular and brown granular casts with blood and renal cells adherent, some free blood, and few or numerous renal cells. There appear to be three elements that enter or may enter into the cause of the congestion of the kidneys in this condition: (1) The toxins of the acute disease, assuming that such exist; (2) the hyperacidity and concentration of the urine itself; and (3) crystals of uric acid acting as a mechanical irritant, providing they have become separated from the urine in the tubules of the kidney itself. Of these three casual factors, the first two are perhaps most tenable, since the separation of crystals of uric acid or amorphous urates in rheumatic fever does not often take place in the kidney, barring those instances of the disease seen in young children. Most writers and reliable observers agree that there is no reason for supposing that uric acid or urates have any casual relation to acute articular rheumatism.

The urine of acute and chronic gout has received special attention for many decades and is still a subject for study and further investigation. A few points in connection with this disease have been pretty well established. In acute gout we find the quantity of urine in twenty-four hours much diminished, the color and specific gravity high, and the urinary solids somewhat below the average normal. Albumin and renal casts are almost invariably present, showing evidences of a more or less severe renal congestion or active hyperemia.

The quantity of uric acid present in the twenty-four hours'

urine is of primary importance in this disease. A quantitative determination of this solid immediately preceding and during a paroxysm of acute gout, will generally show a very low figure, say one-tenth of a gram or under, as compared with the average normal of one-half a gram for a period of twenty-four hours. Following the paroxysm there is usually a notable increase in the daily output of uric acid; in other words, the quantity in twenty-four hours may exceed two grams for a considerable period of time. This shows clearly that there is a retention of uric acid in the body during an acute attack of gout. There are apparently not only periods of retention of uric acid which act as the exciting cause of acute attacks of gout, but also an increased formation of this substance. It is then the source and the formation of uric acid, with which I have already dealt, that should command the special attention of the clinician in this disease, since, that which can be prevented should not be allowed.

It is important to bear in mind that uric acid never circulates as such in the blood, but that it is in the form of a salt, existing chiefly as sodium urate, quadriurate and biurate; the former being a very soluble, unstable compound, while the latter is a stable but less readily soluble salt, and it is in the form of the biurate that we find it in the cartilages, ligaments and fibrous tissue of joints. A very gradual deposition of this salt of uric acid, as we all know, results in enlargement of the joint with chronic inflammatory changes, while a sudden deposition constitutes the paroxysm of acute arthritis or acute gout. The clinician is, therefore, brought face to face with not only an over-production of uric acid, but with that of furnishing a sufficient alkaline base, preferably sodium, to keep the salts of uric acid in a soluble form so that they may be readily eliminated.

In chronic gout we find the chronically enlarged joints resulting chiefly from the deposit of urates, at first in the cartilages, and later in the ligaments and capsular tissues. When a patient is in this condition, the urinary picture is generally of

quite a different order from that found in acute gout. The twenty-four hours' quantity is usually somewhat above the average normal amount, the specific gravity is low and the color is pale. The solids, with the exception of uric acid, are generally excreted in normal or slightly diminished amounts. The quantity of uric acid in the urine is almost always very high, even exceeding two grams in twenty-four hours. The renal disturbance, seen during the acute attacks of gout, has persisted, and a careful study of the urine will show that it is either a condition of the nature of a prolonged active hyperemia or, as not uncommonly happens, an early form of chronic interstitial nephritis. The amount of albumin in either the active hyperemia or the early gouty interstitial disease is usually very small, often being not more than the slightest possible trace, and in the sediment the renal casts will be found to be chiefly of the hyaline and finely granular variety. The amount of blood in the sediment is variable but generally very slight. Crystals of uric acid are usually not present.

It may be well to refer here to the fact that the presence of uric acid crystals in the urinary sediment is in no way an indication of the amount of this solid excreted in twenty-four hours. The total quantity of uric acid may be very high and still no crystals can be found in the sediment; on the other hand, a deposit of uric acid may accompany a very low excretion of this substance.

The relation of lead poisoning to acute and chronic gout has received considerable attention of late years by Garrod and other observers. Lorimer has recently made a study of 696 cases of typical gout. He found that eleven per cent. had lead poisoning, while of 772 cases admitted for arthritic disease, whose occupation exposed them to lead, fully one-seventh showed evidences of plumbism. He also noticed that those subject to gout were especially susceptible to lead poisoning, and in those who were predisposed to gout an acute attack could be readily induced by the administration



of salts of lead. These observations have opened a new field for study and not a few chemists are endeavoring to unravel the relation between these two conditions.

It is very important not to lose sight of one of the most potent factors in the etiology of gout, i. e. alcohol. I am not prepared to tell you in what way or why spirituous liquors and alcoholic beverages play such an important rôle in this disease, but clinical experience has established the fact.

It is well known that gouty joints rarely suppurate when they are opened or when the urate deposits break down. This has led to the belief that uric acid and its salts exert a possible antiseptic action. Because of this general belief, Bendix was led to investigate the action of uric acid and its salts upon cultures of various micro-organisms in order to determine, if possible, whether or not these substances had any antiseptic effect. He added to cultures of various bacteria, uric acid in sufficient quantity so that some remained undissolved; and to others the more freely soluble salt of uric acid, i. e. sodium urate. He was unable to observe the slightest effect on colon bacilli, streptococci, staphylococci or tubercle bacilli. He, therefore, concludes (1) that the hypothesis that uric acid is an antiseptic is incorrect; (2) that the reason that gouty persons so rarely become tuberculous is that gout seems to attack those who are, in their constitution, protected from tuberculosis; and (3) that the reason that gouty joints do not suppurate, even when opened, is probably because of the chronic thickening and the thick deposit of urates and other salts, and that the invasion of bacteria is, therefore, very difficult.

In conclusion, I wish to emphasize what I have already said concerning the formation of uric acid from the nucleins. This raises the question of the dietetic treatment of gout and lithemia. It is evident that those articles of food that are rich in nuclein should be avoided or be taken only sparingly, while nutritious food containing as little nuclein as possible should be sought.

**MOTHERS' MILK AND THE NURSING CHILD.**

BY HENRY EDWIN SPALDING, M. D., BOSTON.

To the question, what is the proper diet for the new-born child; the answer is, the mother's milk. The wise Organizer of Species ordained that there should be one, the mammalia, in which man is included, for which there should be compounded in nature's laboratory, the mother's breasts, the food best suited to the requirements of each peculiar class for the maintenance of life and the making of new cell structures for the building up of tissue. Accepting, then, the fact that for each special class of mammalia there is provided the food best suited to it, we will consider what are the peculiar characteristics of the food found in the human mother's breasts.

Human milk varies both in quality and quantity, not only in different individuals but also in the same person, according to the latter's health, to the duration of lactation, and the varying conditions to which her daily life is subjected. The first flow is small in quantity and, in character, not true milk, but colostrum, the composition of which has not yet been positively determined. As compared with milk, it contains very little sugar or fat, the latter being in fine emulsion. During the second week the large colostrum cells gradually disappear, and the fluid becomes true milk. Its cathartic and other properties clear the infant's bowels of meconium, and put them in a condition to take and digest the more nutritive aliment.

There are variations in the quantity and quality of milk that are normally constant. From a minimum of a very few ounces in the beginning, the quantity gradually increases to a maximum of a possible sixty-five ounces. At first the milk is richer in proteids, and poorer in fat and sugar than later. During the third week sugar increases to normal. During the second month the fat reaches normal, and while this increase in the percentage of fat is going on, the proteids decrease in like ratio. While the sugar remains practically the same throughout lactation, during the last weeks the per cents of fat and proteids decrease, although the quantity of milk

increases. The first and last of each milking is richest in fat. Other variations in quantity and quality depend upon (1) the mother's physical condition ; (2) diet ; (3) duration of intervals between nursings ; (4) exercise ; (5) psychological conditions.

Before going further into details concerning these variations, we may briefly consider the characteristics of average human milk. Authorities have reached different results as to the proportions of its component parts. This lack of uniformity has doubtless been due to the difference in the various samples of milk submitted to analysis, rather than to defective methods. Many of the results, however, have been so nearly alike as to be, for practical purposes, the same. According, then, to these investigators we find that human milk is made up of elements in about these proportions :

Water . . . . .	87 per cent.
Total Solids . . . . .	13    "    "

The solids consist of :

Protein (Casein and Albumen)	2½ per cent.
Fat . . . . .	3½    "    "
Milk Sugar . . . . .	6½    "    "
Ash . . . . .	¼    "    "

We have here all the elements needed to repair tissue waste, to build up new tissue for the growth of the body, and to maintain heat : in short, a perfect aliment. As already stated, these elements are not always present in the proportions given. Protein is found to be most variable, the maximum being five times the minimum. Next in variability are fats and salts, the maximum being three times the minimum. The sugar is uniformly a little less than 7 per cent. The function of proteids is nutrition, of milk sugar the making of heat. Thus we see that nature carefully provides fuel for the constant maintenance of animal warmth in early infancy, when the supply of caloric generated by cerebral impulses and muscular action is very small, at the same time allowing a wide variation in supply for the repair and building up of tissue.

Chemistry has revealed to us proximate facts, but it has not yet discovered all the elements of human milk. It has recently been estimated that one-eleventh of what is classed as proteid is extractive matter, the exact nature of which is unknown. What more there may be of the element of vitality in the living stream flowing directly from one being to another which the cunning of the chemist may not discover, can be left to speculation.

The mothers's physical condition is unquestionably an important factor in regulating the quantity and quality of the milk. Anything that depletes the system of fluids, like hemorrhage, polyuria, or enteritis ; a prolonged high temperature ; or any wasting disease like tuberculosis, lessens the flow and changes the proportions of its elements. The re-establishment of menstruation usually so affects the character of the milk as to make it disturb the child's digestion to a greater or less extent. Ordinarily this is only for a day or two, and the disturbance is not of a serious character ; it may even be altogether absent. On the other hand, the disturbance may be so great and so long continued as to make weaning necessary. Pregnancy almost never progresses many weeks without so changing the character of the milk as to make it unfit for the nursing child.

Diet has a regulating effect on the milk. An increased drinking of water increases the quantity of milk, and in like ratio decreases the per cent. of proteids and fat. Nutrient fluids like milk, gruels, broths, etc., increase the flow with less modification of its normal elements. Meat increases the per cent. of proteids. Fruit and vegetables, besides slightly increasing the proportion of water in the milk, contribute some elements not as yet understood, that are important for the welfare of the child.

Exercise to the extent of weariness lessens the per cent. of proteids. Physical inactivity favors the increase of proteids to such a degree as to make the milk unsuited to infant digestion.

Increased frequency of nursing increases the amount and the per cent. of proteids.

The effect that psychological conditions have upon milk remains an open question. The varying influence is doubtless largely dependent upon the temperament of the woman. While it is a fact that strong mental emotions, a fit of anger, great grief, or prolonged anxiety, sometimes produce marked effect, even to almost or quite stopping the secretion of milk, it is surprising to find this function usually going on normally when the mother is staggering under a weight of sorrow, worry and trouble. If, however, as a result of these conditions, insufficient food is taken, of course the flow of milk is affected. Unquestionably, lactation is carried on in a manner most favorable to the well-being of the child when the mother lives in an atmosphere of hope and cheerfulness, is well supplied from the hand of plenty, and obeys the commonly recognized laws of health. A determination on the part of the mother to nurse her child, and an assurance from her physician and others that she can do so, aid materially in its accomplishment.

Milk analysis shows that carbohydrates, as present in the cereals, have no place in the natural food for infants. Their chief function being to supply heat and proteid against tissue waste, they are not needed. Heat is maintained by the fat and milk sugar, and inactivity protects against undue waste of tissue. Moreover, the carbohydrates do not ordinarily digest well during the first four months of infancy.

Many of the ills of infancy can be cured by modifying the character of the milk through regulation of the habits and diet of the mother. Indeed, this is often the only way by which a cure can be accomplished satisfactorily.

Much crying, interrupted sleep, frequent desire to nurse, and loss of or failure to gain in weight, indicate that the food supply is insufficient. Pallor, a puffy and plump appearance with flesh soft and flabby, and a tendency to rickets, indicate inefficient proteids. Colic, curds in stools, watery, mucous diarrhœa, or enteritis, point to an excess of proteids; emaciation and rachitis, to too little fat; and vomiting and diarrhœa, to too much fat.

These brief indications of disease, arising from a faulty food supply, suggest the following modifications of the mother's habits of living:

To increase secretion, increase liquids, especially nutrient liquids, like gruels, soups, milk, and so forth.

To decrease secretion, decrease fluids in the diet.

To increase the per cent. of total solids, shorten the nursing intervals, decrease the liquids taken, and limit exercise.

To decrease the per cent. of total solids, prolong the nursing intervals, increase the amount of liquids and exercise.

To increase the per cent. of fat, give more meat in particular, and also more fat foods.

To decrease the per cent. of fat, decrease the amount of meat and fats.

To decrease proteids, increase exercise to the limit of fatigue.

To increase proteids, decrease exercise.

It is a well-known fact that the woman whose circumstances in life deprive her of luxuries and force her to work, has good and sufficient milk for her child; while the woman of luxury and leisure, whose most arduous labor is standing before the costumer, frequently fails to supply the quality and quantity of milk required. Many of these women sincerely desire to nurse their children, but fail through ignorance or inclination to so adjust their habits of life as to make it possible.

The best food for the mother after the second day, her condition being normal, is a mixed diet of meats, cereals, fruits, and vegetables. Excepting onions and turnips, that give a characteristic taste to the milk, all vegetables and fruits can be eaten in reasonable quantities without injuriously affecting the milk. Indeed, it is ordinarily improved by them. This is with the understanding that no dietetic idiosyncrasies contraindicate. In past years when nursing women were restricted to a diet of meat, cereals, tea, and "milk drinks," eczema pustulosum, commonly called "milk crust" or "scald head," was a very common disease. I learned by experiment

that a cure could be most speedily brought about by having the mother eat freely of fruits and vegetables, or by giving the child orange juice. With the more liberal diet of later years, the disease has become comparatively rare.

Unquestionably, the best substitute for the mother's milk is the milk of a good wet nurse. This, however, is hard to find. Women who assume this duty are usually accustomed to a restricted diet and hard labor. The change to comparative luxury and indolence renders the milk unfit for the average child. To properly regulate the diet of the wet nurse, and induce her to take proper exercise by working a few hours, or walking four or five miles each day, is a task seldom accomplished.

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**SURGERY HERE AND IN EUROPE.**—In looking toward the future of work in this country, it seems to me we must bear carefully in mind our shortcomings and seek to correct them. It would be most unfortunate for us to be over-confident in our attainments or in our position. There is nothing which so much tends to hinder progress as over-confidence. There are two points in medical education in which our work is distinctly inferior to that done abroad. The first is that too many of our men are inadequately prepared to take up their professional study. Also, the time which is given to it is usually too short. A man abroad must be thoroughly educated before beginning the study of medicine. Before he can practice medicine, usually about six years of medical study is required. Those who achieve positions of any importance usually spend, in addition to this, a considerable number of years, perhaps even six or seven, as assistants in various clinics. When they leave these positions they are already men of large experience, they may be men of national reputation on account of the work they have already done as assistants. In another respect our education is lacking. Too little opportunity is given for personal initiative. Students are crammed with lectures. If we could inspire students more in the lines of original research and personal investigation, we should be giving them a training of ever-increasing value.—*Dr. D. P. Allen in Cleveland Medical Journal.*

## EDITORIALLY SPEAKING.

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Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be *typewritten if possible*. To obtain insertion the following month, reports of societies and personal items *must be received by the 10th of the month preceding*.

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## THE AMALGAMATION OF THE PROFESSION.

Of the many articles appearing in the various journals, evidencing the increased liberality of view shown by the profession towards its various sects, and indicating most certainly a trend towards the obliteration of distinctive "schools" of medicine, none is more liberal or of better tone than the address of Chas. I. Reed, M. D., of Cincinnati, before the "Dayton Physicians' Club," on "Organization of the Profession." The Club, like the "Lynn Medical Fraternity" in this state, is composed of *all* physicians of good repute, regardless of their ideas about the special manner of prescribing drugs, and Dr. Reed speaks in a very complimentary and in no uncertain tone upon that fact, evidently believing this to be a fore-runner of what will take place generally throughout the country in the no distant future.

The author believes that this has been and is being brought about largely by the establishment and action of the various State Boards of Registration, whereby the state recognizes no "school" or "sect," but only requires that the individuals seeking its sanction shall be properly educated physicians in all those branches which constitute the fundamentals of medicine. Because, therefore, all stand equal before the law, they must more and more command mutual respect.

Another point in the address is worthy of quotation. In respect to the effort to oblige every one to join this reform movement, he says: "It must be remembered that opinions long entertained are surrendered slowly, and the more slowly when honestly entertained. \* \* \* \* It must be remembered, also, that there are established personal and professional relations that imply established material interests,



and that these in many instances must undergo a more gradual process of adjustment, before the individual feels at liberty to act. It seems to me that the ultimate success of a movement of this kind must come from a demonstration of its desirability to the personal, professional, social, and intellectual welfare of the individual."

In this last sentence lies the whole kernel of truth; when so called amalgamation of the profession is *proved desirable* to the individual, and to enough of them, it will no doubt come about. But how is it to be proved?

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#### RICHARD HUGHES, M. D.

It is a singular coincidence that the present number of the GAZETTE should publish, as its leading article, a paper from the pen of that incomparable exponent of homœopathy, Dr. Richard Hughes, and at the same time chronicle his recent and deeply regretted death. It seems hardly believable that in the midst of his manifold activities of mind and body, at the comparatively early age of sixty-five, and when apparently in perfect health, this distinguished leader should have been in a moment stricken down and removed from the sphere of his usefulness.

His death took place from cardiac syncope, in Dublin, Ireland, the third of April, and his funeral, at Albury, near Guildford, England, upon the tenth of the month, the 147th anniversary of Hahnemann's birthday. A summary of the work and achievements of his life will be found on page 285.

Monumental as his work has been, and great as his achievements, it is the man, as well, who will live in the remembrance of those so favored as to know him. The London Monthly Homœopathic Review expresses this thought editorially, in saying:

"How much his professional friends deplore his removal cannot possibly be expressed in words. A kind, courteous

gentleman, a thoroughly well-informed, well-read, thoughtful and constant student, his valuable influence on the cultivation of homœopathy will long be missed. His many years of devotion to the study of the *materia medica* as set forth by Hahnemann, had placed him as an authority without a rival. How greatly the loss of his help and guidance will be felt, it is impossible to estimate. His earnestness in endeavoring to secure the purity and truth of the symptom-lists of our *materia medica* endured to the end of his life, his last effort in this direction appearing in type only three days before his removal from amongst us. His memory, as that of one who was a warm-hearted friend, an accomplished physician, an honorable colleague, will long be cherished throughout Great Britain, and by very many in the United States of America and other parts of the world."

These words, we are confident, will be echoed by all of Dr. Hughes' friends and admirers on this side of the Atlantic. Dr. Dudgeon well says in his sketch of Dr. Hughes' career: "Nowhere are Dr. Hughes' services to Homœopathy more appreciated than in the United States." Here, as well as in England, will the followers of Hahnemann feel the keenest regret at his loss, and hasten to acknowledge his inestimable services to homœopathy and to the profession. And here, also, will they pay tribute to his winning personality and to his honorable and upright life.

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#### WILLIAM TODD HELMUTH, M. D.

No better tribute to our late esteemed and gifted confrere, Dr. W. T. Helmuth, can be offered in these pages than that contained in the following letter sent to the *GAZETTE* immediately after his death by his warm personal friend, Dr. F. L. Newton, of New York.

MIDNIGHT, NEW YORK, MAY 4, 1902.

My Dear Dr. Coffin,

Co-Editor NEW ENGLAND MEDICAL GAZETTE :

We had just finished our banquet testimonial to Dr. Talcott, and, upon the invitation of Dr. Bishop, brother-in-law of Dr. William Tod Helmuth, I was accompanying him to the Hospital to witness an operation, when, passing Dr. Helmuth's residence, Dr. Bishop stopped to enquire of Dr. Helmuth's condition, as he was too ill to attend the gathering and fill his part which was to present the "loving cup." In a few minutes Dr. Bishop returned to the cab to say that Dr. Helmuth had just breathed his last in an attack of angina pectoris. I at once returned to the hotel where more than fifty physicians, who had been present at the banquet, received the news with marked expressions of grief.

Dr. Helmuth's poem and presentation words had been read by Dr. Roberts, and it must have been at almost that moment that the author was suffering the throes of death. The sentiments of the poem were in accord with the thoughts occasioned by the approaching dissolution of its author, and it probably is the last written expression of this illustrious man. With his departure, a magnificent creation of the image of his Master has passed from life mortal to life immortal, and in its passage created a vacancy that can never be filled. Each life is an individuality, and such as this leaves an enduring memory, that of the pioneer in the surgery of the homœopathic school, the alert and professional man of letters and of art, the master mind and the skilful artist in professional work.

Dr. Helmuth goes down to earth loved and mourned by all who were fortunate enough to know him personally and intimately. He was so easy, so graceful, so polite, so sympathetic, so knowing and knowable ; and beyond this, too, he lives again, honored, esteemed, lauded, nay, almost worshipped by the loyal homœopath, for he was the American Hahnemann, carrying into surgery the healing power of *similia similibus*, a point for the modern surgeon to notice and heed. His success, in part at least, it seems must have been due to his loyalty, energy, progressiveness, and to his readiness to grasp the new, while holding fast to that which was good. To him life was real and earnest and the grave was not his goal.

Yours sincerely and fraternally,

F. L. NEWTON.

## SOCIETY REPORTS.

**BOSTON HOMŒOPATHIC MEDICAL SOCIETY.**

The regular meeting of the Society was held in the hall of the Boston Natural History Society, Boylston Street, Thursday evening, May 1, 1902.

The section of Ophthalmology, Otology and Laryngology, F. W. Colburn, M. D., Chairman, reported the following program.

1. "Corneal Ulcers," J. M. Hinson, M. D.

Discussion :

Dr. Payne: In listening to the very interesting paper of Dr. Hinson, there are three or four points which suggest themselves to me. I speak of them not in the way of criticism of the paper, but rather in enlargement of the subject.

One point that occurs to me in regard to phlyctenulae of the cornea, which later break down and ulcerate, is this: I understood him to ascribe these to an extension of catarrhal conditions from the posterior nares, and also to systemic causes, but I did not understand him to differentiate between the two. Now, I have found that the main point of difference is in the tactile sense of the cornea. In deep systemic cases there is profound anesthesia of the cornea. In these cases I touch it with the finger to determine whether the sense still remains. If it does, the patient will shrink, whereas those cases which are deep-seated will show no shrinking. If the ulceration had been due to extension of catarrh from the nares, the tactile sense would have remained unimpaired.

I had a case in my practice, which was in the hospital two years ago, a man 70 years of age, who was anemic and very weak. Examination revealed ulcers of the corneas of the serpiginous type, that is, a little deep groove of ulceration that follows the peripheral edge of the cornea, gradually encircling it and cutting off nutrition. It is of slow progress, but is always dependent upon a profound systemic disturbance. I had tried several remedies without success. Cough

developed, profuse expectoration, failure of strength, night sweats, and a general appearance of tuberculosis. The sputum was examined, but no bacilli found. I turned the case over to Dr. Thomas, who took the symptoms as far as possible and prescribed with general improvement as to the cough and corneal ulceration, though the patient's strength did not return, and later he was discharged from the hospital.

Last summer that case presented itself in my clinic with a return of the ulcers in a different form, starting in the upper part of the cornea and extending down over the pupil, with later involvement of the conjunctiva, until it was drawn down completely over the pupil. The patient suffered a great deal of pain, which I was not able to relieve. He desired enucleation and we consented to perform it, after which Dr. Fuller took the eye and made some sections, after hardening, and some slides. He also took photographs, which revealed the giant cells of tuberculosis. I have the photographs here which I will present to you, also, a mounted specimen of a half-section of the eye, prepared by Dr. Wells, which shows clearly the site of the ulcer and the involved conjunctiva. The bacilli did not show in the sputum. After enucleation the patient seemed to get better, but I understand from his physician that he is now just alive, dying of tuberculosis.

There is another point which I thought of in regard to remedies. I must say that I have never found it necessary in these cases to resort to local applications. I am sure that more can be accomplished with internal remedies. Sometimes I use warm normal saline solution for flushing, with benefit, but there is one remedy Dr. Hinson has not mentioned, and that I have found of great value, and that is, kali bich. The scars of ulceration, I have seen disappear under this when they were not too deep seated and dense. I have used it in many cases with marked success.

2. "Peritonsillar Abscess," by N. H. Houghton, M. D.

Discussion by Dr. T. M. Strong: Dr. Houghton has presented the subject so concisely, yet thoroughly, that any additional remarks would be only unnecessary repetition.

The examples he has given of the primary and secondary hemorrhages or other complications which may arise, and unfortunately, as our records show, often do arise, warn us to be prepared for these sudden dangers, which call for all the skill and nerve that one possesses, and also to warn the family or patient of the possibility of the occurrence, and so protect ourselves from undeserved criticism of malpractice. It is a trying and often very difficult task to reach the seat of the trouble with the throat full of blood which pours out continuously with every reflex motion of the pharyngeal muscles, washing off styptic preparations faster than they can be applied. In some cases, it has been necessary to tie the common carotid, and with the patient *in extremis*, a skilled general surgeon not within call, to do an operation requiring more or less technical skill, makes a great demand upon one. You check the hemorrhage with iron styptics and if it recurs your field is one mass of disorganized tissue and debris, and your difficulty is much increased.

The treatment touched upon by Dr. Houghton needs to be repeated and enforced strongly. That is the advantage, and oftentimes the necessity, of opening into these cavities, or as near as they may be located, as early as possible. They are the centres of the disease, and after running forty-eight hours, with every probability that they are going on to suppuration, the greatest relief you can give your patient is to open deeply. Even if disappointed by failure to reach pus, you have made a track of least resistance, and oftentimes within twelve hours the pus will be found oozing at the point of puncture, while in the meantime the relief of the tension by the free hemorrhage has been an advantage. If pus is found, open deeply and freely, for nothing is more trying to the patient, or causes greater chagrin to the physician, than to have to reopen in a day or two, from the closure of the original incision and the damming up of the contents of the abscess.

Later, the tonsil should be removed thoroughly, and by that I mean as close to its attachments to the underlying muscle sheath as possible. To do this effectually the snare has to be

substituted for the guillotine in many cases, and in the cases of adults is preferable as a rule. The leaving of broad attached bases, with the crypts still open, forming receptacles for debris of one kind or another, is much more of a menace than an ordinary tonsillar hypertrophy, for they cause more annoyance than would be suspected by the casual observer.

The section of Anatomy and Physiology, D. W. Wells, M. D., Chairman, reported the following program :

1. "A Few Points on the Embryology of the Brain." By Marion Coon, M. D.

2. "Functional Activity of the Brain as Revealed by the More Recent Anatomical Investigations." By E. T. Ransom, M. D.

These two excellent and interesting papers were discussed at length and exhaustively by Dr. J. P. Sutherland and Dr. F. P. Batchelder.

The meeting adjourned at 10.10 o'clock.

H. O. SPALDING, *Secretary*.

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### COMMUNICATION CONCERNING THE COMING MEETING OF THE INSTITUTE.

The Institute Committee on Revision of the By-Laws have, as per instructions, prepared a schedule which will be found in the Secretary's annual circular.

As space here would not permit of a thorough explanation of the plan proposed, we desire to present the same to the profession through the Journals, that all members may study and understand the plan before the meeting.

1st. The schedule has been arranged so that all meetings may be held within the week.

2d. It has provided seven hours for the general business of the Institute — ample time.

3d. It has provided one whole day, six and one-half hours, for the sole consideration of materia medica, the keystone of

our faith, and without it we have no reason for our distinctive organization.

4th. It recognizes the fact that the majority of our members are general practitioners, and that their rights must be protected. We have, therefore, provided for them six and one-half hours of materia medica, and one and a half hours upon each department of medicine, and in which practical rather than technical papers should be presented. They also have the right and privilege of attending any or all of the special societies as they desire.

The committee believe that any schedule providing for special societies alone should not prevail, because it takes from the general practitioner, and adds to the specialists, the benefits of membership. The Institute cannot publish in any way the Transactions of all the special societies and its own, without increasing its dues. This makes the general practitioner pay more than at present, and the specialist less, as it cuts off the dues of his special society. Under the proposed schedule, the Institute would publish its general business, statistics, etc., all the proceedings of the materia medica meeting and the general scientific meetings held daily from 10.30 to 1 30, so that the Institute members would receive in return for their dues, a volume of Transactions of about the same size as at present, while the special societies would be allowed to publish their own transactions.

5th. This schedule gives the special societies what they want, ample time to hold their meetings during the week of the Institute, and we believe will be entirely satisfactory to them.

Lastly. It does not saddle the expense of the special societies upon the Institute, which it cannot stand without increasing its dues, and we believe any increase of dues would greatly cut down our membership and in that way injure the life of the Institute.

THEO. Y. KINNE, *Chairman.*



BOOKS AND READING.

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Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked NEW ENGLAND MEDICAL GAZETTE, and sent to the publishers, Otis Clapp & Son, 10 Park Square, Boston.

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THE PRINCIPLES OF BACTERIOLOGY: A PRACTICAL MANUAL FOR STUDENTS AND PHYSICIANS. By A. C. Abbott, M. D., Professor of Hygiene and Bacteriology, and Director of the Laboratory of Hygiene, University of Pennsylvania. Illus. Philadelphia and New York: Lea Brothers and Co. 1902. pp. 636. Price, cloth, \$2.75 *net*.

Our knowledge of the causation of infectious diseases is daily becoming more accurate, and this is true largely because of the rapid development of bacteriology. By the aid of the bacteriologist many and intricate problems have been solved, and many more are in process of solution.

No medical college of to-day is without suitable equipment for laboratory research. Text-books for the beginner in bacteriological study are becoming numerous, but none of them have found greater favor than Dr. Abbott's. The present is the sixth edition of his work issued within ten years. Though a compact manual, it contains the gist of all discoveries recently made which bear upon medicine, such for instance as the recent findings regarding the causation of cerebro-spinal meningitis and dysentery, the lately revived investigations in tuberculosis, and the discovery of the new group of micro-organisms which appear to be so closely allied to the bacillus tuberculosis; also, the very considerable additions that have been made to our knowledge of the mechanism of infection and immunity, etc.

In a word, the book chronicles progress, and is a practical manual of the workshop order dealing with fundamentals and essentials, accentuating underlying principles, furnishing necessary explanations of each step taken, and illustrating salient points by providing for appropriate experiments.

It is of a convenient size and furnished with an appendix which gives a list of apparatus and materials required in a beginner's bacteriological laboratory.

DISEASES OF THE LUNGS : THEIR PATHOLOGY, SYMPTOMATOLOGY, DIAGNOSIS AND TREATMENT. By Charles Gatchell, M. D., Attending Physician to Cook County Hospital, Chicago, etc. Chicago : Era Publishing Co. 1902. pp. 264. Price, \$2.00.

We are always glad to welcome new and practical works from authors of our own school, in which a point is made of including in detail the homœopathic treatment of disease. It goes without saying that, in any work by Dr. Gatchell, the therapeutic resources of the homœopathist would be emphasized and fittingly set forth. Aside from the careful enumeration, characterization and differentiation of drugs, one of the most noticeable features of this manual is the arrangement of matter bearing on a given disease in short, well-constructed paragraphs which collectively are placed under appropriate titles, and which individually are furnished with sub-titles to guide the eye to the information desired.

The etiology, pathology, morbid anatomy, symptomatology, physical signs, differential diagnosis, prognosis, and treatment constitute the principal divisions. Much of value has been epitomized, and instructors in diseases of the lungs will find this a useful and practical manual which they can recommend to their students.

The text is supplemented by a glossary of terms and a good index. The type is satisfactory but the paper is of the cheap, grayish, highly-glazed variety, wholly unworthy of its neat and attractive binding.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS. VOL. V. OBSTETRICS. Edited by Reuben Peterson, A. B., M. D., and Henry F. Lewis, A. B., M. D., April, 1902. Chicago : The Year Book Publishers. pp. 233. Price, \$1.25.

While it is obviously not possible to treat exhaustively in a pocket-size volume a subject of such breadth, it is quite possible to summarize and condense much useful knowledge. Retrospective glances show that progress is being made no less in the field of obstetrics than in other departments of medicine. Much remains to be learned of that baffling disease, eclampsia, of diseases of the fetus, of the puerperal psychoses, not to mention a score of other affections which are the subject of constant investigation and observation.

It is desirable and necessary to keep in touch with the views and deductions of men of wide experience. The abstracts furnished in the Year Books give a bird's eye view of the work in obstetrics of the

past twelve months. The complete set of ten volumes will leave no important branch of medicine and surgery untouched.

THE CRAFTSMAN. Eastwood, New York : The United Crafts. Price, \$2.00 a year, payable in advance ; 20 cents a copy.

In "The Craftsman" we have a monthly periodical published in the interests of art allied to labor. The United Crafts are not merely the publishers, but a guild of cabinet makers, metal and leather workers who, as skilled craftsmen, will exemplify art in their labor through the productions sent forth from their workshops.

The publication itself will appeal to all men and women of culture and catholic tastes, and such, assuredly, members of our profession should be. No man can possess an all around mental development whose interests are limited to his work. No man can consider himself educated who knows nothing outside of his profession.

Among the papers already published in "The Craftsman" which merit special notice are those upon William Morris, John Ruskin, Robert Owen and Factory Reform, and papers upon the Guilds of the Middle Ages, Textiles, Old and New, The Gothic Revival, and Books and Book Binding.

The first number of "The Craftsman" was issued in October, 1901, and all issues should be obtained as none of them are of ephemeral value.

EDUCATION : A Monthly Magazine devoted to the Science, Art, Philosophy and Literature of Education. Boston : The Palmer Company, 50 Bromfield Street. Price, \$3.00 a year ; 35 cents a copy.

The June number of "Education" contains, among other papers, one that should interest physicians who, as a class, are so constantly coming in contact with some phase of crime or its consequences. The article in question is a study of the State Reformatory at Elmira, N. Y., and is entitled "Education versus Crime."

It would seem as if all literature bearing upon educational matters should be welcome reading to the profession, and the one in question, "Education," is a representative journal so broad in its scope as, in every number, to offer some article or articles suggestive to thoughtful men and women whose interests in the world's work and needs must necessarily extend beyond the confines of their own specialized department.

Parents, especially, should inform themselves of the progress being made in the training of the teachers who are to educate their children, and also become acquainted with the new methods of imparting instruction.

A most timely article appeared in the May issue of "Education" on "Pupil Co-operation in School Government." Such co-operation has proved practicable in secondary schools and colleges, and we can see no reason why some such experiment might not be made successful in medical schools, to the promotion of a stronger union and a more conspicuous harmony.

GENITO-URINARY DISEASES AND SYPHILIS. By Henry H. Morton, M. D., Clinical Professor of Genito-Urinary Diseases in the Long Island College Hospital, etc. Illus. Philadelphia: F. A. Davis Company, 1902. Pp. XII — 372. Price, extra cloth, \$3.00 *net*, delivered.

The proper treatment of genito-urinary diseases is engaging the attention of medical men to a greater degree than ever before.

In the work under review are set forth the latest views of the pathology and treatment of gonorrhœal and seminal vesiculitis, as well as the methods of dealing with diseases of the kidneys, bladder and testicle, and the improvements in surgical technique. Medical treatment is briefly noted, and some accounts given of the benefits derivable from a sojourn at the Hot Springs, in appropriate cases.

The discovery of the micro-organisms concerned in the establishment of specific diseases, and of the pathological changes occasioned by them in the urethral tissues, has furnished a sounder basis for deductions as to the principles involved in dealing with the resulting manifestations. Dr. Morton has given a clear and concise presentation of his subject, and his publishers have generously and elaborately illustrated his text.

ANNOUNCEMENT. Messrs. E. P. Dutton & Company are bringing out an important book, "Sanatoria for Consumptives, a critical and detailed description, as well as an exposition of the open-air or hygienic treatment of phthisis," by F. Rufenacht Walters, Fellow of the Royal College of Surgeons. Sir Richard Douglas Powell has written an introduction.

The book gives detailed description of the more important ex-

isting institutions, and in this way an account of the most approved methods of the treatment of consumption.

LIPPINCOTT'S MONTHLY MAGAZINE. Philadelphia: J. B. Lippincott Co. Price, \$2.50 a year; 25 cents a number.

The June number of Lippincott's bears this timely hint on the cover: "A Monthly Novel for a Journey." Just when all the world and his wife is planning to leave town and seek the country, the hills, or the shore, the monthly magazines temporarily cease instructing us and, in lighter vein, favor us with verse and story. But Lippincott's perennially entertains with its complete novel every month; its short tales of love, adventure, peace and war; its rhymes and anecdotes. It is mildly instructive also, but does not require a concentration of attention fatal to the comfortable re-arrangement of one's brain cells.

The novel for the month is entitled: "A Real Daughter of the Revolution." The author is Caroline Gebhardt. Other contributors are: John Swain, J. H. Harbour, C. B. Kuehn, Minnie E. Hadley, Clara Whitney Kaji, Will Lisenbee, Edwin L. Sabin, Samuel S. Stinson, James H. Holliday.

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## THE SPECIALIST.

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Under this heading will appear each month items bearing upon some special department of medicine; this month "Surgery," next month "Gynecology."

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POST GRADUATE COURSES IN SURGERY.—Courses of operative surgery are given at most of the hospitals in London, and the student performs all the operations on the cadaver. The fee is usually four guineas. — *Exchange*.

PREPARATION FOR SKIN GRAFTING.—American surgeons almost universally recommend that no solution except normal salt, be applied to a granulating surface in preparation for grafting for at least three days before operation, and no antiseptic treatment whatever after the grafts are in place, dependence being placed upon normal salt solution and sterilized

oil for maintenance of cleanliness and moisture.— *The Medicus*.

CONGENITAL ANTERIOR DISPLACEMENT OF THE HIP.— At a recent meeting of the New York Academy of Medicine, Dr. Whitman presented a girl, five years old, illustrating congenital anterior displacement of the hip. He said ordinary methods of replacement were not successful in such cases, and whatever treatment was adopted must be supplemented by osteotomy of the femur, otherwise the head of the bone would be displaced when the parallellism of the limbs was restored.— *Amer. Pract. and News*.

NORMAL SALT SOLUTION.— There is some variation in the formulæ given by the different writers. Dr. Charles A. L. Reed, in his new Textbook of Gynecology, remarks that Lock has suggested the following formula, and reported favorably upon it.

R.	Calcium chloride	. . . .	grs., $3\frac{3}{4}$
	Potassium chloride	. . . .	grs., $1\frac{1}{2}$
	Sodium chloride	. . . .	drams, $2\frac{1}{2}$
	Aqua dest.	. . . .	q. s. ad pints, 2

M.

The salt solution may be injected subcutaneously, into the intestine, or into a vein.— *New York Med. Journal*.

DRAINAGE AFTER ABDOMINAL SECTION.— The great objection to drainage, as shown by Welch, is the entrance of micro-organisms along the course of the tube, which in a closed wound would be an impossibility, and that this invasion takes place, not at the time of the operation, but afterwards. We also run the risk in drained cases of having as a result a fistula, either fecal or mucous, intestinal obstruction, a ventral hernia, or a slow and tedious recovery from the prolonged suppuration.— *Virginia Medical Semi-Monthly*.

WHEN TO OPERATE.— It is of the utmost importance to know how to operate deftly and gracefully, but it is of far greater importance to know when not to operate at all. The limits of medicine and surgery need to be drawn with greater

exactitude and clearness. Enthusiasts on both sides should come to a compromise. Neither specialists nor generalists alone are competent to determine what shall constitute the best practice. My contention is for a safe middle ground, for a well-balanced spirit of caution and enterprise.— *Dr. Sheldon Leavitt.*

POTT'S DISEASE.— This diseased process is, as a rule, limited to the bodies of the vertabræ; the transverse articular and spinous processes are only affected secondarily; so far as known, never primarily. Any part of the body may be affected; there may be two or more foci in one body, or the whole body may be affected. The abscess in the bone may extend, involving everything in front of it until several adjacent bodies are involved, which accounts for the extensive deformity seen in many cases.— *Virginia Medical Semi-Monthly.*

POST-OPERATIVE THROMBOSIS.— In septic thrombosis the greatest care should be taken to ensure absolute rest during the period of resolution; in aseptic cases the greatest call for rest is during the period of the formation of the thrombus. In septic cases on no account should patients be allowed to move until the thrombus has entirely disappeared; in aseptic cases, on the other hand, there is no objection to a little movement when the thrombus has ceased to grow, and there is certainly no reason for maintaining complete rest until it has entirely disappeared; in fact, in the latter period some movement is beneficial,— *The Critique.*

LIGATION OF ARTERIES; COCAINE ANESTHESIA.— The use of cocaine for operations is especially indicated in pulmonary, cardiac and renal disease; also in case of exhaustion from any cause.

During unconsciousness emergency work may be accomplished by blocking the nerve trunk. In this way further shock may be prevented and much time saved, and subsequent excitement will be much less marked.

Cocaine anesthesia will not only permit of the ligaturing of

the more important blood vessels, but celiotomy for various purposes as well. The removal of the various neoplasms, malignant and benign; plastic operations upon nerves, cutaneous, muscular and bony structures in a healthy or pathologic state; removal of foreign bodies, or amputation of any part of the upper or lower extremities, are advised.—*Interstate Medical Journal*.

**TUBERCULAR ABSCESS.**—The treatment of these cases is either by incision, curettment and drainage, or by a method semi-surgical which consists in aspirating the fluid contents of the abscess or emptying its cavity by means of a trocar and canula, washing out the cavity with some antiseptic fluid, and injecting into it an emulsion of iodoform. This latter method is extremely satisfactory in many cases, and anyone who is cleanly and properly observes the laws of asepsis, can perform this little operation with the most satisfactory results where it is indicated. It is indicated in and applicable to all cases of this nature, except where the burrowing has been too extensive or the destruction of tissue, at point of origin, too great.—*The Medical Magazine*.

**INJURY OF THE BRAIN.**—Injury of the brain is of paramount importance in cranial fractures. It is well to bear in mind that in many severe injuries of the head the scalp and the skull may quite entirely escape severe damage, yet the brain may suffer from contusion, concussion, or depression, from rupture of the thin-walled veins in the convolutions.

Felizet demonstrated this very forcibly by experiment. He took the fresh skull and filled it with paraffine. After this had cooled and set, he let the head fall from various heights. He noted as a result of these concussions, at the point of impact the paraffine showed marked indentations and depressions in a large proportion of cases without a trace of fracture existing.—*Philadelphia Medical Journal*.

**OPERATING IN CHRONIC BRIGHT'S DISEASE.**—In deciding for operation it must be remembered that renal decapsulation is not directly and forthwith curative of chronic Bright's disease, but that it only leads to a cure or improvement of the



disease by establishing circulatory conditions essential to such cure or improvement. The attainment of permanent cure, or of the full measure of improvement possible in a given case, will necessarily require time, during which the patient will, especially in the severer cases, stand in need of the further guidance and treatment of his family physician. The latter will come to regard the operation as one of the measures, albeit the most essential one, necessary to enable him to cope successfully with a case of chronic Bright's disease.—*Medical Era*.

LET PHYSICIAN AND SURGEON CO-OPERATE.—We cannot divorce medicine from surgery without impairing the clinical result of the latter. Let every student in our medical colleges study anatomy and materia medica every day of every year throughout his college life, then there will be eliminated that great danger of modern surgery which is becoming more apparent every day, the tendency to operate hastily, and even unnecessarily, owing to the ease with which operations may now be safely performed. The growing custom of associating the physician and surgeon in the treatment of many cases in which operative intervention may be required is, therefore, a step in the right direction and brightens the dawn of the glad day to larger and greater success.—*Pacific Coast Jour. of Homœopathy*.

TREATMENT OF POTT'S DISEASE.—Rest and fixation are the indications in the treatment, and this in a way that will not confine the patient to the house or bed. The principle involved is to furnish an antero-posterior support to the diseased spine. It matters not what kind of support you use, so it is one that will produce rest and fixation by antero-posterior support to the best possible degree. The diseased vertebræ should be protected from jar and pressure until the disease is cured. The jars that come upon the spinal column are chiefly those that are received in bending the column forward, hence the importance of antero-posterior support; pressure upon the diseased vertebræ comes from the super-incumbent weight of the head and trunk.

My rule is to use the solid non-removable jacket in the very acute and painful cases, but just as soon as the acute stage subsides, I use the removable plaster corset, which is continued just as long as I think there is any danger of a relapse. The average length of time may be estimated at about three years.— *Dr. J. R. Shands in Virginia Med. Semi-Monthly.*

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## ABSTRACTS FROM BOOKS AND JOURNALS.

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HOMŒOPATHY. — Homœopathy is not a *creed*, but a *science* and an *art*.

THE POWER OF PERSONALITY. — There is no profession in which the personality of the individual member stands for so much as in the profession of medicine.

PARASITIC ORIGIN OF CANCER. — The parasitic origin of cancer has not been nearly proved ; indeed there is as much to be said for the belief that the disease is derived from degenerations and dropsical changes in the nuclei, as for the former theory.— *Medical Record.*

KNOWLEDGE AT FIRST HAND. — He who would find living knowledge must look through his own eyes ; his mind vigilant, his instincts awakened. It is impossible to know nature from a second party. Contrast book-pictures with the mental images from sight. The supreme value of first-hand knowledge is self-evident. — *Dr. E. H. Gregory.*

WORK WORTH DOING. — There is no work more gratifying than to help in the prevention of a disease which is preventable, to help to cure a disease which is curable, and to add indirectly through such work to the prosperity, health and happiness of our fellow-citizens and increase the well-being of humanity at large. — *New York Medical Journal.*

URINARY SEDIMENT. — When a microscopical examination is necessary, you should note the following features of the

urinary sediment: the presence, quantity and features of blood or pus copuscles, whether well preserved or partly broken down the presence, number and character of renal casts, noting their size, especially the color, whether clear or granulated, and if any epithelium or blood corpuscles are adherent to the casts. — *Medical Examiner*.

PUERPERAL INSANITY. — Primipara, and especially single women, present the greatest liability to insanity. Melancholia and mania are about equally frequent in the insanity of pregnancy; of the puerperal cases mania is more frequent; of the lactational cases the depressed form is more common. The nearer the insanity is to the confinement in point of time, the more sudden the onset and the more acute the symptoms. — *British Medical Journal*.

TREATMENT OF TETANUS. — Statistics of treatment by tetanus antitoxin are quoted in *La Riforma Medica*, showing a mortality of from 50 to 80 per cent.: contrasted to this Bacelli's method of treatment by hypodermic injection of carbolic acid has given brilliant results, the mortality being estimated at from 12 to 30 per cent. The dose should never be less than 1 centigram to the kilogram of body weight; 3 grams have been administered daily without any ill effect. — *Medical News*.

INCORRECT BREATHING. — Incorrect breathing, both by habit and occupation, especially in children where the habit is so easily acquired, is a condition we must be on the alert to discover. The experiments of Kyle show a diminution in the normal blood counts from 3,000,000 to 1,500,000, and of hemaglobin a decrease of from 50 to 60 per cent, and a return to the normal blood count after correct breathing has been established. — *Oklahoma Medical News Journal*.

SYPHILIS AND MARRIAGE. — Dr. W. A. Hardaway says that his own rule of conduct has been to refuse professional consent to the marriage of a syphilitic for four full years from the date of infection, this period being occupied with assiduous specific and hygienic treatment; and further, that there

should have been at least two years of complete immunity from specific manifestations. But even then he does not think that a medical man is in a position to give absolute and exact guarantees to the patient. — *St. Louis Courier of Medicine.*

ETIOLOGY OF URTICARIA. — The cause of this disease may be attributed to internal or external irritation of the vasomotor nervous system. Pie, cake, candies, nuts, boiled dinners, fruits, such as strawberries, raspberries, bananas, alcoholic drinks, malt liquors, soda and acid drinks, frequently act as a causative. Indiscretions in diet and drink are the prime cause of this disease.

Intestinal worms frequently produce urticaria. The local irritation caused by the bites or stings of insects, is a very common cause. The application of nettle weed to the surface will produce urticaria at once. — *Eclectic Medical Journal.*

NATURE OF TUBERCULOSIS. — We might say we now know that tuberculosis, especially in its pulmonary form, is an infectious, communicable, preventable, and in many instances absolutely curable disease; furthermore, that it can be cured in nearly all climates where the extremes of temperature are not too pronounced and where the air is relatively pure and fresh. In other words, it is not always necessary for a consumptive patient to travel long distances and seek special climatic conditions, but in most instances he has a chance of getting well even in his home climate. — *Dr. S. A. Knopf, in New York Medical Journal.*

CURATIVE ACTION OF REMEDIES. — Homœopathy does not teach 'that the potency of remedies is increased in proportion to their dilution.' Homœopathy gives its remedies in small doses because experience teaches that, when the remedy is homœopathic to the disease, its curative action is best developed when the dose is not large enough to cause collateral pathogenic effects. The partisans of the orthodox school, when they prescribe medicines homœopathically, have found by experience that they must give them in much smaller

doses than the ordinary officinal ones. Thus Ringer recommends minute doses of ipecacuanha in vomiting, of cantharides in acute Bright's disease, of corrosive sublimate in dysentery, and so on.—*Dr. R. E. Dudgeon.*

**DIPHTHERIA : A DIFFERENTIATION.** To differentiate diphtheria from other exudate diseases of the throat :—in diphtheria you usually deal with a low temperature and a slowly increasing membrane that is quite firmly adherent. In follicular tonsillitis you have a sudden rise of temperature with exudate well distributed over the tonsils, with no tendency to coalesce, easily removed, and leaving a small, white surface. In exudative scarlet fever, you must depend upon the temperature, pulse, tongue, nausea and eruption. The early evidence of toxemia, as shown by pallor, rapid and sometimes very weak pulse with low temperature, will point to a true diphtheria. In all other forms of exudative sore throat, you deal with a high temperature, full, bounding pulse, and frequently a history of previous attacks. — *Pediatrics.*

**ACUTE ARTICULAR RHEUMATISM.**—Patients suffering from this disease should be placed in a comfortable room, preferably between two blankets, the joint or joints made comfortable and easy by means of pillows ; should guard against chills from a draught ; it is good practice to wrap the joints in cotton wool, removing this when the cotton becomes impregnated with perspiration. The diet should consist of a quantity of good, nutritious food, such as beef tea, milk, eggs, soups of various kinds administered at regular intervals, ice to suck if there is much thirst. Alcoholic stimulants are not, as a rule, needed until convalescence is established ; if used, should be in the form of egg-nogg. The bowels should receive special attention ; keep them acting regularly by some mild laxative. — *American Pract. and News.*

**CARE OF EYE STRAIN.**—A merchant suffered greatly from headaches, stomach, and nerve troubles. Often he had spells of nausea and vomiting. For this he was treated for years without relief, and as his health became greatly shattered, and

being unable to attend to business, he was advised to give up his large and profitable business. This he did, and went to Philadelphia to consult Dr. Weir Mitchell for his nerve troubles. The doctor examined him carefully, but could find no disease. He advised the examination of the patient's eyes for the refractive errors. This was done and it was found that, while one eye was almost in a normal condition, the other was highly astigmatic. Properly adjusted glasses relieved the trouble, and the patient had no more headache or nausea. — *Medical Sentinel*.

CONCERNING ENTERITIS. — Etiologic factors in general are improper dietetic habits, toxins of different kinds, persistent use of strong medicines and drastics, exposure to cold, and dampness. Further, all factors producing or maintaining stasis or hyperemia of the intestinal mucosa; circulatory disturbances in liver and portal disorders, particularly those consequent upon heart, kidney, and lung diseases. Proper diet should be attended to: lean meat, fish, potato purée, rice and oatmeal gruels, sago soup and beefsteak, are in order, as well as the different predigested and fluid food preparations from reliable makers. Contra-indicated are vegetables, fruit, acid, smoked and very salty fish, too fat meats, rye bread; milk in bulk and beer should also be avoided. Potatoes in any form except mashed or in purée, olives, celery, pickles, radishes, turnips, cabbage, and similar food-stuffs, are absolutely contra-indicated. — *Merck's Archives*.

FOREIGN BODIES IN THE ESOPHAGUS. — The complications and sequels arising from the presence of foreign bodies in the esophagus are of two general classes: first, pressure upon other important organs and interference with their functions. This occurs in the case of large foreign bodies as, for instance, the obstruction of the trachea by a bolus of meat in the esophagus. Second, inflammations with their natural results. Esophagitis sometimes results in cicatricial contraction and stenosis. Periesophagitis not infrequently causes abscesses which burrow for considerable distances and open into other

organs, or, on account of the size of the abscess, make pressure on those organs. The more frequent termination, however, is the more or less rapid development of septicemia. Ulceration consequent upon the presence of sharp bodies may allow them to perforate important organs, as the trachea, great blood-vessels, or pericardium. — *Cleveland Medical Journal*.

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#### COLLEGE, HOSPITAL AND LABORATORY NOTES.

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JOCHMAN AND KRAUSE made a careful study of the sputum in cases of whooping-cough, and report the finding of a very small bacillus, which very much resembles the bacillus of influenza, and which they regard as the true pathogenic micro-organism of pertussis.

PULTE MEDICAL COLLEGE, CINCINNATI, O., held its thirtieth annual commencement exercises, May 6, 1902. The graduating class numbered eleven. Dr Ch. Gatchell, of Chicago, Ill., made the doctorate address, and the president, Thornton M. Hinkle, LL. B., A. M., conferred the degrees. The exercises were largely attended.

IN LONDON there are 108 hospitals, not including those under the metropolitan asylum board, viz.: Lunatic asylums, fever hospitals, work-house hospitals, etc., dental hospitals or public dispensaries.

Of these, 47 are general hospitals, 12 hospitals for children, 13 hospitals for women, 5 throat and nose and ear hospitals, 4 consumptive and diseases of the chest, 6 skin, and 5 ophthalmic hospitals.

GOOD WORK has been done in the pathological laboratories of Boston University School of Medicine during the past year. From May 1, 1901, to May 1, 1902, the total number of examinations made is given as 1921. Among the more important of these may be cited 516 examinations of the blood, 128 of sputum, 96 of purulent discharges, 57 of tissue of the breast, 79 of the ovaries, 75 curettings. 202 cultures

were made, and 432 specimens of urine examined. 47 autopsies were performed.

AT TARRYTOWN, N. Y., is situated the New York State Hospital for Crippled and Deformed Children. The first annual report of this good work has just been issued. Twenty-four crippled boys and girls, from four to sixteen years of age, have been under treatment the past twelve months. Patients are to be educated as well as properly cared for, and will be received from states other than New York when vacancies permit. The hospital is especially intended for children with the deformities of hip joint disease, spinal disease, knee and ankle joint disease, club foot, bow legs, knock knee, infantile and other forms of paralysis, lateral curvature of the spine, and all other forms of the deforming diseases of childhood which are susceptible of relief or cure.

THE ANTITOXIN LABORATORY of the State Department of Health, of New York, which was inaugurated in 1901, is located in the Bender Laboratory, Albany. The animal house is located several blocks away, with a capacity of fifteen large animals. The state has already made an appropriation of \$20,000. The object of the laboratory is to manufacture under state control the various antitoxins for use in all state institutions and for the indigent poor. Diphtheria and tetanus antitoxin are now ready for use. It is hoped that effective antitoxins for tuberculosis, typhoid fever and various other infectious diseases may be obtained by original research. The laboratory is under the direction of Dr. Herbert D. Pease.

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CONCERNING CLINICAL THERMOMETERS. — Thermometers ought to be washed after removal from the mouth, or rectum, or elsewhere. That all doctors acknowledge. But how many cleanse their instruments in soap and warm water, with a final rinse in running, cold water, and an hour's sojourn in 1-500 bichloride? If this is said to be impossible, and the patient (best plan of all) is not able to provide his own, the doctor could at least carry two or three thermometers in his satchel or pocket, and not use the same one on two patients (except in emergency) on the same trip. — *Pediatrics*.



OBITUARY.

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DR. RICHARD HUGHES, L.R.C.P. (Edin.), M.R.C.S. (Eng.), died in Dublin, Ireland, April 3, 1902. His decease received the following notice in the *London Times*.

"Dr Hughes was born in London in 1836. He became a member of the Royal College of Surgeons of England in 1857, and was the possessor of many honorary degrees. He was a voluminous writer on medical subjects, his *Pharmacodynamics*, which appeared first in 1867, having been a text-book on homœopathic materia medica with the homœopathic school since its first appearance. It has passed through six English editions and has been translated into most European languages, a Russian translation having appeared only a year or two ago. Among his other works is *A Manual on Therapeutics*, and the Hahnemannian oration of the year 1881, entitled *Hahnemann as a Medical Philosopher*. The *Cyclopedia of Drug Pathogenesis*, a compilation of the effects of drugs on healthy persons, in four large volumes, is perhaps the chief of his works. He was editor of the *Repertory*. Dr. Hughes was at one time on the staff of the London Homœopathic Hospital, and he was lecturer on materia medica at the London School of Homœopathy for a number of years. He was past president of the British Homœopathic Society, and at the time of his death was editor of the journal of that society. He has been for many years one of the editors of the quarterly *British Journal of Homœopathy*. Another important position held by Dr. Hughes, was that of permanent honorary secretary of the series of international homœopathic congresses held every five years. In 1881 he was chosen president of the congress when it assembled in London. He was a member of the Catholic Apostolic Church, in which he had for many years held a high official position."

In 1884, Dr. Hughes delivered a course of lectures at Boston University School of Medicine, which were afterwards published under the title of *The Knowledge of the Physician*. He leaves a widow, two sons and four daughters.

get the reduced rate home. All tickets, however, should be presented to the Chairman for endorsement *upon arrival* in Cleveland.

TRANSPORTATION FACILITIES TO AMERICAN INSTITUTE OF HOMŒOPATHY at Cleveland, via train officially reported by Committee on Transportation. Through train from New York and Boston to Cleveland, via N. Y. C. & H. R. R., B. & A. R. R., L. S. & M. S. Ry.—Train No. 29 (Southwestern Limited) — N. Y. C. & H. R. R., Leave New York, 9.20 P. M.; Poughkeepsie, 11.15 P. M.; Albany, 1.00 A. M. — B. & A. R. R., Leave Boston, 6.00 P. M.; Worcester, 7.08 P. M.; Springfield, 8.33 P. M.; Westfield, 8.50 P. M.; Chester, 9.20 P. M.; Pittsfield, 10.13 P. M.; Arrive Albany, 11.30 P. M. — N. Y. C. & H. R. R., Leave Albany, 11.40 P. M. (Boston train); Buffalo, 7.55 A. M. (Both trains) — L. S. & M. S. Ry, Arrive Cleveland, 12.25 NOON.

Through sleeping cars from New York and from Boston. Reservations from New England points by applying to Mr. A. S. Hanson, General Passenger Agent, B. & A. R. R., Boston, Mass. Sections (one way), \$7.00; Single berths, \$3.50; Round trip ticket from Boston, \$20.00.

It is hoped that as many as possible will leave by the Monday evening train so as to be on hand at the opening of the Institute on Tuesday, June 17. Any member desiring to arrive at Cleveland in the morning may leave Boston at 2.00 P. M., arriving at Cleveland at 7.35 A. M. There will be a change of time table on June 15, though the officials do not think either of the above trains will be affected, it will be safer to consult new time-table at that date. Both trains run daily, including Sundays. It is best to secure train accommodations early on these popular fast trains. J. HERBERT MOORE, M. D., New England Member of Committee on Transportation.

Papers or addresses on professional or other subjects will be written wholly or in part; books prepared for publication, and expert editing and proof-reading done for members of the profession. Address, Dr. A. T. Lovering, 10A Park Square, Boston, Mass.

# THE NEW ENGLAND MEDICAL GAZETTE

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## ORIGINAL COMMUNICATIONS.

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### PRESIDENTIAL ADDRESS.

BY L. A. STEWART, M. D.

[Given before the Maine Homœopathic Medical Society, June 10, 1902.]

#### MEMBERS OF THE MAINE HOM. MED. SOCIETY :

It is a fitting, as well as a long established, custom that makes it incumbent upon the retiring president of this society to say some words of special import to its members, and to express to them his sense of indebtedness for cordial support and personal courtesies received. It is with pleasure, therefore, that I address you to-day, not only to thank you for your efforts to second my endeavors to advance the interests of this society and the cause of homœopathy, but also to share with you some thoughts bearing upon our present opportunities in the field of medicine, opportunities which, like our responsibilities, have never been more numerous than they are now at the beginning of the twentieth century. The rapid increase in therapeutic resources in the treatment of disease, the constant improvement in surgical methods, and their greater adequacy, and the wider acceptance of sound homœopathic principles, should fill us with confidence in the future of scientific medicine, and should spur us on to familiarize ourselves with all the advances that are being made,

and to render such assistance to this onward movement as our capabilities permit.

Especially should we give the best that is in us to increasing the growing belief and confidence in that law upon which the whole superstructure of our work as homœopathists rests—the law of similars. It is not enough that we should endorse and apply it. It is not enough that we should benefit by the results of other men's labors from the days of the great revolutionist in therapeutics, Samuel Hahnemann, until now. It is our duty to add our own mite to the sum of human knowledge, to take some active and unselfish part in the work of perfecting a system which, though governed by sound principles, is still imperfect and unfinished in its details.

The remedies upon which we rely we profess to select on the basis of their action upon the healthy human body, but how many remedies can we name whose symptomatology, as a whole even, we can rely upon as representing careful and reliable provings, or judicial and discriminating collating of the results of the provings made use of? How many symptoms depend for the weight they carry with us, upon merely clinical observations? How many symptoms, not sufficiently well authenticated when first committed to print, are still incorporated without further verification, in successive editions of various standard works upon the homœopathic materia medica? How much verbiage and seemingly endless repetition there is in the multiplied pages dealing with our favorite remedies. How long shall we allow such a state of affairs to continue? Does it not concern us as a society, yes, even as individual members of this society, that such errors and inaccuracies should exist, and is it not our duty individually to aid in correcting them?

The retiring president of the American Institute of Homœopathy, Dr. A. B. Norton of New York, at Richfield Springs last June, said in the course of his address: "It is our pressing duty to place our law upon such an exact basis

that it shall defy any method of investigation to demonstrate one single fallacy in its truth. The work has already been commenced by one of our associated societies, the American Homœopathic Ophthalmological, Otological and Laryngological Society, which, at their last meeting in Washington, D. C., endorsed the recommendation of their president, Dr. Howard P. Bellows, that a reproofing of our materia medica be undertaken. . . . This reproofing is not for the benefit of the specialist alone, but for the entire profession."

The American Institute of Homœopathy evidenced its approval of Dr. Norton's words by voting to apply three hundred dollars to furthering this work, and to defraying necessary expenses incurred in taking part in it. We, as a society, may not be able to appropriate any such sum of money as that just mentioned, but what we can do and should do is to give our personal services in the making of reproofings. If each physician would prove one drug, and carefully observe and tabulate results, he would be really doing something of tangible and practical value for the school of medicine he represents. In order to do this systematically and to secure uniformity, it would be well for all would-be provers to first put themselves in communication with Dr. Bellows of Boston. I earnestly commend this matter to your attention, and trust that some favorable action upon it may be taken in view of its great importance.

I cannot leave the subject of that which pertains exclusively to our own school, without referring to the gratifying advance which homœopathy is making throughout the United States. The report to the Institute shows that there are now one hundred and thirty-nine homœopathic medical societies, forty-two medical clubs, fifty-eight general hospitals, besides twenty-six general hospitals in which homœopaths as well as allopaths attend patients, fifty-nine sanatoriums, sixty-five institutions whose inmates are under homœopathic treatment, fifty-eight dispensaries, twenty colleges and twenty-nine medical journals.

These are the visible signs of the growth and extension of homœopathy, but who shall estimate the invisible increase in the numbers of those who owe their renewed health and vigor, or at least the amelioration of suffering, to the ministrations of our branch of the profession? This is the enumeration that statistics cannot give us; this the summing up beyond the power of the mathematician, but this the testimony above every other upon which we rest and must rest for our justification and endorsement. It is to this end, indeed, that all our varied efforts must tend — the prevention and cure of disease.

One, at least, of the most important means to this end has already been emphasized, the obtaining of a more exact and reliable knowledge of the remedies we prescribe. Other means must include a just estimate of the value of all the modern aids to diagnosis and prognosis through the greater accuracy and scope of laboratory methods, and, in surgery, through the application of the Roentgen rays. In fact, the properly qualified physician of today must have some general practical knowledge of the chemistry of the body in health and disease, and of clinical microscopy and bacteriology. This is imperative, even though he leave the field of laboratory research to the specialist in this department.

While it is undoubtedly the tendency of the present day to accord to pathology a supremacy to which it is not entitled as the sole basis for determining the therapeutic measures to be employed, it behooves us as impartial and broad-minded professional men and women to thoroughly acquaint ourselves with this branch of medicine. For while we should choose our remedies in each given case in accordance with the totality of the symptoms, we must appreciate the fact that an understanding of pathological conditions, when such deviations from the normal exist, is often absolutely necessary and always of the greatest assistance in reaching correct conclusions as to the exact nature of the disease.

But the multiplication and enlargement of our opportuni-

ties, even in the last decade, includes not only such as pertain to methods of diagnosis and prognosis, but also to methods of treatment. Our attitude toward these should be characterized by intelligent receptivity to new ideas ; a disposition to fully inform ourselves of their relative value ; a readiness to adopt remedial measures which careful investigation leads us to believe will benefit or cure our patients. But while we must not allow ourselves to become or remain routinists, sceptical as to the value of that which is unfamiliar to us, we must indulge in no hasty and unwarranted enthusiasms. We must ever exercise that careful, conscientious, and painstaking discrimination which should invariably mark the actions of members of a — by courtesy at least — learned profession.

Our greatest triumphs after all have been won in the field of preventive medicine. To the improved hygiene of communities we may attribute very largely the progressively increasing decrease in the death rate. If the superficial observer dispute this, let him remember the attention paid now, even in the most hopelessly machine run cities and towns, to securing a proper sewerage system, a pure water supply, inspection of foods, clean streets, the sanitary disposition of garbage, free bathing facilities, improved construction and ventilation of buildings, the diffusion of a knowledge of the laws of health, the control of the sale of alcoholic beverages, the isolation of cases of infectious diseases, the inspection by physicians of public school children, and free vaccination. Of this last, however, let me express a hope that, however freely and frequently it may be resorted to, it may not be made compulsory by law to the overruling of the judgment of the physician as to its advisability in individual cases.

Without entering into any discussion of the extent of the protection afforded by vaccination, it would certainly seem obvious that the law is incompetent to pass upon its desirability under all conditions and in all instances. Wise restrictions for the good of the greatest number are not to be deprecated, but to the qualified physician must be left the

final decision. If any methods are to be made compulsory for the prevention of smallpox and its transmission, let quarantine and sanitation be among them, and the concealment of such cases be made a penalized offense. Time does not permit any consideration at length of this topic, but I would urge you as individuals and as a society to exert your influence to prevent the passage of a compulsory vaccination law in this state, should agitation in favor of one ever assume formidable proportions.

Reverting to the newer methods of treatment, you are doubtless conversant with the advances in therapeutics, which include, among others, the use of antitoxin and the animal extracts, and the application of the X-ray in cancer and tuberculosis, as well as the enlargement of the field of electrotherapeutics in general, hydrotherapy and related systems. The consensus of opinion among the profession points, I think, to a very general endorsement of diphtheria antitoxin, both as a preventative and curative agent, and accords a distinct value to tetanus antitoxin and to plague antitoxin. Many others, such as pneumonia, typhoid, tubercle, scarlet fever, erysipelas, and streptococcus antitoxin are still in the experimental stage. The Pasteur method of attenuating the virus of rabies, and rendering those bitten by mad dogs immune by accustoming them to stronger and stronger viruses, has lessened appreciably the mortality from hydrophobia.

While much remains to be done in determining the applicability of the animal extracts, the therapeutic value of that obtained from the thyroid gland has already been demonstrated in myxœdema and cretinism, and other extracts prepared from ingredients obtained from the suprarenal bodies, the ovaries, pituitary body, bone marrow, and so forth, are furnishing experimenters with material promising good results.

The length which my address has already reached precludes an extended consideration of further advances in medicine which are of the greatest interest and importance to physicians of all schools. I can merely refer to the great



gain we are making in the treatment of pulmonary tuberculosis, and to the encouraging outlook for ultimately staying the ravages of that dread disease known as cancer.

As regards the latter, among the most promising of the newer procedures should be mentioned the use of the electrical chemical light rays, cataphoric electrolysis, the topical application of electrified air, and above all, perhaps, the resorting to the escharotic action of the X-ray. Reliable journals, both in England and the United States, publish most encouraging reports of success in the treatment of cancer by the X-ray. In epithelioma, especially, wonderful improvement has been noticed, and many apparent cures made, and reports of cases of carcinoma and sarcoma brought to a favorable conclusion have also been recorded.

Another method which I, myself, have tried in an inoperable case of cancer, with palliation of the most distressing symptoms, is the so-called Alexander treatment. The injecting fluid used is said to consist chiefly of beechwood creosote and oil of eucalyptus. It has been demonstrated by Dr. H. F. Bigger of Cleveland, that after this treatment has been persisted in certain characteristic cancer cells are no longer discoverable by the microscope. This method, however, does not receive his endorsement.

With the keenest interest we must follow the advances of science in its battle with this baffling and hitherto unconquerable foe; but at the same time, since the etiology of cancer is still in doubt, let us remember that no treatment as yet has lengthened life to a greater extent than the early resort to the knife in the hands of an expert surgeon, together with vigorous general measures looking to the regeneration of the systemic condition. We must then, above all else, become competent to make an early diagnosis, and when this affection is diagnosed as such, we must teach our patient that in no other disease is the delay to accept scientific remedial measures more dangerous.

A word in closing upon the point of view from which that

other great enemy to life, tuberculosis, or rather pulmonary tuberculosis, is regarded. At Rutland, Mass., at the State Sanatorium for incipient or moderately advanced cases of phthisis, the record of nearly fifty per cent. of patients discharged either cured or with the malady arrested, proves conclusively that we need no longer send our cases far from home in order that they may be benefited or cured, but that the careful, conscientious, and continued observance of the regimen adopted at Rutland will give the most encouraging and satisfactory results.

But we must take an active part in that campaign of education, which shall spread abroad a knowledge of those hygienic measures which will prevent the development and extension of tuberculosis. We must teach the gospel of soap and water, of pure, clean living, of fresh air day and night, of unadulterated, nourishing food, of rational and suitable occupation of body and mind. We must teach the criminality, as well as filthiness, of expectoration in streets and buildings. This is our bounden duty as well as the administration of drugs, and no less is it our duty and obligation to strenuously oppose the marriage of the physically, as well as the mentally, unfit, the marriage of the inebriate, the syphilitic, the consumptive.

Let us exert our great influence to surround the home with safeguards, to defend the generation unborn from the inheritance of degenerate bodies and minds. Let us be all around physicians, finding nothing in human life and its development foreign to or beneath our interests. Let us cure disease and relieve suffering by every known and approved modern resource and method, and let us also recognize as a no less important part of our high calling, our duty to better the lives of the people by teaching them individually their responsibility for the right use of every bodily organ and function.

**A LETTER TO THE HUGHES MEDICAL CLUB**

FROM WALTER WESSELHOEFT, M. D.

BERLIN, May 17, 1902.

MR. CHAIRMAN AND FELLOW MEMBERS:

In addressing you at this late day, I am fully conscious of my grave fault, yet I may say that I have not been unmindful of my promise to let you hear from me at an early date. Indeed I have had repeated occasion to think of the Hughes Club, and to feel proud of my membership. Of course, my most forcible and painful reminder was the news of the death of our patron, Dr. Hughes, which came to me a full week after the sad event, as a severe shock, as I had in no way expected the end of so important and valued a life at so early an age. Dr. Epps wrote me that Dr. Hughes had been looking ill for some time, and had retired from active practice a year ago, but that no one had apprehended the presence of so grave a heart weakness as that which led to the result we all deplore so much. As a member of the club which bore his name, I was asked to write an obituary notice for the last number of the *Berlin Journal*.

You all know that Dr. Hughes died suddenly in Dublin, where he was temporarily staying, and that so far as is known, the cause of death was heart insufficiency without marked organic lesion. He had lived to see his new and in some respects most important, because most practical, work well in press and ready to appear. It is a completely re-written and amplified edition of his "Manual of Therapeutics," with the new title of "Principles and Practice of Homoeopathy." How safe and sure a guide this will prove to the rising generation of our practitioners none who know Dr. Hughes's attainments and faithfulness can doubt.

But there have been other and less depressing occasions when the Hughes Club was called to my mind. It is not unknown here as a representative organization, and as the source and origin of the new provings to be undertaken

under the auspice of the National body, much is expected. High hopes are based on the new movement. In fact, our German colleagues here are not only hopeful and active, but surprisingly well informed in regard to all that is going on in the homoeopathic world. It has been my privilege to attend three of their meetings, which reminded me in some respects of our own little gatherings. The proceedings were always most informal; there was abundant — very abundant — sustenance of solid, liquid, and gaseous kind, and as a result, a most cordial and amicable spirit, even when questions were discussed calling forth the most diametrically opposite opinions, couched in plain, unmistakable terms.

At the first meeting the plans and preparations for the new homœopathic hospital to be erected here were discussed. Dr. Elb of Dresden, Dr. Nafka of Prague, and myself, were the guests. It proved that some 600,000 marks of money and about twelve acres of land were already in the hands of the committee, and that many of the obstacles thrown in the way during many years by the authorities under the unfriendly influence of the medical councillors of the government, had been successfully overcome. In view of the fact that so many of the German hospitals have one by one had to close their doors — that in Leipsic being the latest to succumb — a new and better method, fashioned largely on our own of conducting the establishment is proposed. As an official of the Massachusetts Homœopathic Hospital, I was asked to give at the following meeting an account of our organization and status. This I did as well as my memory would serve me, and have reason to hope that my suggestions were not in vain.

At the third meeting, a strictly scientific one, Dr. Jiservius, Jr., read an interesting paper on cinchona and its derivatives in rheumatic and gouty affections, which was most intelligently discussed, and Dr. Windelbaud, the president, gave a most elaborate report of twenty-three cases of tuberculosis in many forms, treated by tuberculin 200.

This was to me by far the most interesting meeting, as it brought out in strong relief the characteristic features of our German confrères, and the difference between their meetings and our own. Dr. Windelbaud, it is to be noted, is a pronounced adherent of the low potency faction, but was induced by the strong assertions of the North German Homœopathic Society, consisting mainly of high potency men, to subject their methods and their claims to a careful and rigid clinical test. The result was, that of all the cases which included the various forms of the disease as manifested in its affections of the bones, skin, glands, peritoneum, lungs, etc., in both young and adult subjects, only one could be held by the most generous construction of the observed course to have been favorably affected by the treatment.

The paper was listened to with the closest and most critical attention, although the hour was then after 11 P.M., and as a matter of course, brought out the best that could be said on both sides of the potency question. Throughout, the discussion was conducted in the most amicable spirit, and I may say, with a high order of intelligence, and the resources of a, to me, surprising knowledge of the medical and general scientific literature of the day. When I left, something after 1 A. M., the debate was still in active progress, but to my mind it was plain that the low party had certainly the best of it. Yet despite the absence of strict parliamentary procedure, and the presence of a most unconventional, not to say convivial, spirit, there were no other signs than those of good fellowship and a strong desire to reach sound conclusions.

I am informed that there are in Berlin and suburbs no less than forty homœopathic physicians, but of these less than half belong to the Berlin Homœopathic Society. Those not belonging are mainly extreme high potency men or adherents of spiritualism, theosophy, or some other form of uncontrolled transcendentalism.

Of the greater medical Berlin I have seen but little to my re-

gret, because my hope has been during the long delay of my letter to conform to the resolution of the Club in regard to bringing forward only matters of clinical value. For a man who is galled and spavined, and chest-foundered by practice, and turned out to grass in unfamiliar fields, clinical observation of any value is not within easy reach.

The woman's clinic I have visited several times at the invitation of Dr. Kobland, first assistant of Ohlshausen, the head of the obstetrical department, but since the clinics and operations are held at 7 A. M., and I live some three miles away, and above all, since I could see nothing there which I could not see as well, from a pathological as well as technical point of view, at the Massachusetts Homœopathic Hospital, East Concord Street, Boston, my interest was not kept at the highest point.

It was my intention to have mentioned at some length the great demonstration in honor of Professor Leyden on the occasion of his 70th birthday, when, I may say, all Europe, *i. e.*, all medical Europe, sent delegates with tokens of high regard and of most appreciative congratulations. Unquestionably, Leyden is one of the greatest living medical teachers, and a man of uncommon research, but it is certain that his greatest merit lies in the fact of his having grasped, at the right moment, the practical value of physico-dietetic therapeutics, as seen in the scientific use of gymnastics, heat and cold, hydrotherapy, electricity and diet, and of having rescued these from the hands of non-professional practitioners by establishing a chair for the teaching of these branches at the University.

It would hardly interest you to hear a report of all the compliments which for three mortal hours were pumped into the learned man, who by the way, looks not one day older or less erect and alert, than he did twelve years ago when I attended his clinics. His great merits were all duly dwelt upon, but his initiative in establishing throughout Germany sanitary colonies and hygienic homes for the needy, seemed

to meet with the warmest appreciation. This was of paramount interest to me, because it most clearly exhibited the tendency of medical activity at the present time. Medicine, as Virdor, who was present, but silent in consequence of his recent severe accident and his advanced age, has said, stands today in the sign of therapeutics.

The drift is in the direction of practical matters, capable of being turned to account at the bedside, after all the long years of strictly scientific research. The hope therefore is not unfounded that this new phase of activity may give pharmaco-therapeutics a new chance, and bring into deserved prominence the principles, the aims, and the experience represented by the homœopathic body. But there is no immediate sign that its more deserving members will be called upon to fill the leading positions as the gift of the authorities.

This brings one to the matter which has most fully absorbed my interest and attention, and indeed has constituted my strongest motive in the somewhat rash course I have adopted, of leaving home, and friends, and practice, to spend at least a year in Europe. I mean the desire to come in contact with those men here who, in my estimation, are doing the most to further the soundest therapeutic principles. Among these the foremost is Professor Schulz of Greifswald. Greifswald is a small University on the Baltic up in the North. It has long been noted for the excellency of its medical faculty, among whom are a number of the most strenuous of the younger teachers of the day, and some of them do not enjoy the same consideration on the part of the government accorded, for example, to Professor Leyden, for the reason that they are a shade or two more independent in thought and in the character of their teaching. Dr. Schulz, among others, has for some twelve years been preaching to his students and publishing doctrines which by no means meet the approval of the great and mighty, for which reason he is somewhat under a cloud, and, in fact, so much

out of favor, that for his department nothing is done, while for others the government is spending money most lavishly. You shall judge of his peculiar position, and of the attraction he has had and continues to exert upon me, when I tell you of my experience during a short visit to him.

After having assured myself that an avowed homœopath would be welcome, I called on him by appointment in his laboratory (he is professor of pharmacology and medical chemistry), and was most cordially received. After a two hours' chat on medical subjects, I was invited to attend the opening lecture of the course on materia medica, which was to take place late in the afternoon, in the little, rather neglected-looking and old-fashioned lecture room, in such marked contrast to the new and well-appointed halls of more orthodox men. About thirty students of the usual type came dribbling in, in a listless sort of fashion, showing, as I thought, by their manner that they came only because the course was obligatory. To some, I know this attitude on the part of the audience would have been discouraging, but Dr. Schulz mounted his platform with a determined air, and at once informed his hearers that, if they came with the expectation of being made familiar with an indefinite number of boxes and bottles containing ointments and mixtures, they would be disappointed. The same if they looked for distinct drugs for every disease, or for animal experiments and vivisections. These things he was aware were made the subjects of interesting lectures and demonstrations elsewhere, but as they were either of the nature of absolute teaching or intended only to have a sensational effect as being highly scientific, they could lead neither to correct therapeutic thinking nor to practical knowledge. He showed the futility of animal experiments with drugs, such as the learned perform with so much skill in the presence of their classes, and of the clinical experiments at the bedside with drugs about which nothing was known save the crude effects, and emphasized the need of thorough proving of drugs on the healthy as the import-



tant, in fact essential, link to connect animal experiments and clinical ones. He then spoke of the limited field of drug therapeutics in practice, showing its importance, however, and insisting that the general law of drug action should be determined and applied in contra-distinction to the crudely empirical methods everywhere in use, by which pharmacotherapeutics had been brought into disrepute.

Arnot's law, he showed, was one of the laws to be considered, the operation of which was seen in the fact that a slight or gentle irritation aroused vital activity to a normal point, a stronger irritation to an abnormal one, while a very strong irritation checked or paralysed it, citing many instances, among them the effect of almost infinitesimal quantities of corrosive sublimate in stimulating the fermentation of yeast, and the deadening effect of appreciable quantities of the same poison on the fermentative process. Another law, he said, to be borne in mind in the demonstration of drugs, was the Rilterballi law which proves that the more feeble, the more depressed, or exhausted the controlling centres of various physiological functions are, the more powerfully they respond to the gentler irritation. A healthy nerve freshly exposed, calls for a vigorous irritation to cause it to respond, while a feeble nerve long exposed and nearing the extinction of its vitality, will promptly react on the application of a stimulus so gentle that the healthy nerve could remain unaffected. "What does all this mean," he asked, "if not that drug action is subject to laws as well as every other vital process?" Such experiments he hoped to show there, while mere poisoning of animals proved nothing. But how are we to produce such stimulating effects on enfeebled or pathologically changed processes, unless by bringing our drugs into direct contact with the nerve centres, or organs, tissues, or cells affected? And how can we succeed in directing our drug action to the affected parts unless we know by the most careful drug provings the elective affinity of these organs, tissues, and cells for certain medicinal sub-

stances? This again points to a law, namely this, that drugs in order to produce a curative effect in a given class of cases must have a specific relation to the parts affected, and this specific relation is expressed by the formula — *similia similibus curantur*. "But this," he said, "smacks too strongly of homœopathy. It does, and if any of you are distressed by this teaching, I have the profoundest sympathy for you, but for all the opposition it has met, no one has been able to prove that this teaching is not scientifically sound and of great practical value."

He then spoke of the therapeutic value of physiological effects of drugs, and pointed out with many illustrations taken from daily life, such as the effects of tobacco in minute or in larger quantities, or of alcohol, opium, etc., the difference in the method of approaching curable pathological conditions with drugs, always insisting on the limitations of each method, and the importance of exact experimentation such as has been but little known in pharmacology.

Of course this is but a mere sketch of what I heard. It seemed to me of so much interest because it would have been highly appropriate in the presence of the Boston University class. You can easily understand that such teaching fills the souls of students here with fear and confusion, and also that the ministry of education frowns upon it heavily. But so far no harm has come to Dr. Schulz directly. His department is neglected, and his writings ignored, but he has taken his position and intends to hold it while he has any fight in him. He is now conducting a series of experiments with the view of determining the amount of different mineral substances in human tissues, silica, magnesia, manganese, fluorica, etc., etc., and hopes to demonstrate in time the elective affinity of the various tissues for all these substances. I do not know whether this will lead to practical results, but I am determined to spend the next two months or more in Greifswald in order to see as much as possible of Professor Schulz.

You must pardon the hasty character of this letter. The hope of getting it off by the first mail and thus in time for your last meeting, has made it impossible to write more deliberately and, alas, more legibly.

With kindest remembrances to you all,

Cordially yours,

WALTER WESSELHOEFT.

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## SUMMER DIARRHOEA OF INFANTS.

BY H. H. AMSDEN M. D.

[Read before the Boston Homœopathic Medical Society.]

In considering the subject of summer diarrhœa in children, I shall, for the sake of convenience, consider the treatment under three heads — first, proper care of the digestive tract ; second, measures for overcoming the ill effects of excessive heat ; third, suitable medication. Nearly all prophylactic and therapeutic measures come under one of these divisions.

Summer diarrhœa is essentially a disease of overfeeding or improper feeding. It is either caused or aggravated by some fermenting or decomposing substance in the digestive tract. The child may have eaten unripe fruit, or apple parings, etc. Impure milk may have been taken and act as a foreign body, affording a breeding ground for bacteria, or a sudden chill may so arrest the digestive functions as to permit suitable food to become in reality a foreign body. The vomiting and diarrhœa, which are the principal symptoms, are but nature's efforts to rid the gastro-intestinal tract of the cause of the trouble. In any event, there is in the intestinal tract, in the vast majority of cases, a substance which should be gotten rid of.

In case there is no irritation of the stomach there is nothing better than castor oil to clear the intestinal tract ; if the stomach will not retain this, calomel in 1-10 grain doses, repeated every half hour for three or four hours, and followed

by a high enema of soap suds and warm water will generally suffice. I believe this to be the first essential in treating a case of summer diarrhoea, as we have no means of knowing how long foreign substances may be retained. I well remember a case in which a dose of castor oil brought away half a yard of apple parings which cuprum arsenite, croton tig, podophyllum, etc., had severally failed to dislodge after a faithful trial.

There is a tendency among pediatricists, especially of the older school, to consider all these cases of bacterial origin, and to treat them largely with intestinal antiseptics; personally, I have not found it necessary to employ such measures, as I believe the indicated remedy will take care of the symptoms after the cause has been removed. In cases where the colon is especially affected — those of a dysenteric nature — irrigation of the bowel with plain water or saline solution, often affords great relief, and when tympanites is present the addition of a few drops of turpentine to the enema aids the expulsion of flatus, and greatly promotes the patient's comfort. In cases where tenesmus is particularly distressing, an enema of thin starch paste containing ten or twenty drops of tr. opii is often useful.

After clearing the gastro-intestinal tract, the next problem is to select the food which will best agree with the patient. For the first twelve to thirty-six hours, or until gastro intestinal irritability has subsided, nothing but boiled water or bits of ice should be given. Then begin with albumen water, popcorn water, bovine, panopepton, beef tea, beef juice, clam water, gradually adding boiled rice, scraped raw beef, until the stools are normal. Up to this time milk should be absolutely interdicted; while it is the ideal food in health, in this form of disease it is generally harmful, at least in the acute stage. While there may be some children to whom it is impossible to adapt a milk mixture which will admit of digestion, these cases are few and far between. The special subject of diet in these cases is treated in another

paper, so I will refer to it but briefly, though it is the most important factor in the treatment.

Theoretically, we should suppose that the addition of starch, even in minute quantities, to an infant food would be productive of no good results, but rather of harm, as nature makes small provision for the digestion of starch during the early months of infancy, and human milk, the ideal food for this period of life, contains no starch. Yet it is a fact that many of us have been convinced of, perhaps against our will, that most babies find it easier to digest a milk mixture containing a certain amount of gruel or other farinaceous substance than a similar mixture which does not contain said starch. This fact explains the wide sale and marked success of such preparations as "Mellin's Food," "Malted Milk," etc. It has been my experience many times to see some one of these preparations, or some so-called "old woman's" mixture of milk and oatmeal gruel, succeed in a case in which my carefully figured percentage modification had signally and utterly failed. I believe the secret of the success of these foods is because they strike at the root of the difficulty in infant feeding, that is, to secure the finest possible division of the casein curd and its consequent easy digestion. They fail, oftentimes, because they introduce an unnecessarily large amount of carbohydrates into the digestive tract, with consequent fermentation and its train of evils.

The difficulty which confronts the physician in preparing a proper milk mixture for an infant is not in securing the proper proportion of the various ingredients, nor is it in destroying noxious bacteria; it lies in so acting on the casein that it will coagulate in fine flakes in the stomach, not in large curds. This can be partially accomplished by predigesting the food, but it is not wise to feed milk modified in this way for too long a time, as it does not give the gastric and pancreatic juices an opportunity to exercise their functions. The end desired can be best accomplished by a mechanical separation of the casein, thus allowing the diges-

tive fluids an opportunity to attack the particles of curd, and this result is best accomplished by the addition of some farinaceous substance.

In selecting a diet for a case convalescent from summer diarrhoea I have been able to secure the best results by the use of "Fairchild's Peptogenic Powder," by the use of which the food can be partially predigested, varying the amounts of the different ingredients and the time of cooking to suit the individual case, thus adapting the food to meet the weakened digestive powers. In diluting the milk mixture after peptonizing, I use a thin flour gruel, boiled fifteen minutes and partially dextrinized by the use of "Taka-Diastase," or some similar preparation. I am indebted for the latter suggestion to an article by Dr. A. Jacobi, which appeared in the *New York Medical Record* some two years ago.

If one is sure that the milk fed to an infant is pure and fresh, and has been kept from contamination during its transit from the cow to the child, sterilization may be unnecessary, and cases of scurvy are not unknown in children fed on sterilized milk. Generally speaking, however, it is better to pasteurize the milk during the hot weather of summer. This renders the casein less digestible, but the disadvantage is overcome by the use of the peptogenic powder, and this can be dispensed with as the child grows older and its digestive powers stronger, relying on the gruel to secure the desired digestion of the curd.

Turning now to the second division of our subject, measures for overcoming the ill effects of excessive heat, the question of proper clothing is one of the most important. Most children are clothed too warmly in summer, and the clothing is not properly distributed over the body. Up to the second year, at least, the abdomen should be protected by a flannel bandage, to guard against the effects of cold on the viscera; but the rest of the body should be clad with only such clothing as is necessary to protect against chilling.

How often do we see a child, during the hottest days in summer, with sufficient clothing to protect an infant Esquimau in his native clime, suffering untold discomfort from heat rash and intertrigo. I have on several occasions found the temperature of such children, who were apparently perfectly healthy, as high as  $101^{\circ}$  or even  $102^{\circ}$ , apparently the result of nothing but too many clothes. During the hottest days in summer it is often well to keep children indoors during the middle of the day, and permit them to play about the house, clad only in undershirt and diapers.

An abundant supply of fresh air is a most important factor in treating, not merely chronic cases, but also the acute cases which we are specially considering. Children should be kept out of doors except during the middle of the hottest days, and if suitable arrangements can be made, they may be allowed to sleep out of doors in the evening, or even all night, of course only in the hottest weather.

Frequent bathing is of importance, both as a prophylactic and adjuvant measure. Sponging the body three or four times daily with lukewarm water, with a suitable proportion of alcohol or saleratus, reduces fever, relieves restlessness, and promotes sleep. In more severe cases the full warm bath, gradually reducing the temperature by addition of ice water to  $85^{\circ}$  F., is of value. Cases showing much restlessness, with perhaps a tendency to delirium, are benefitted by the ice-cap cautiously applied, or better, by cold compresses frequently changed. In cases attended by fever and evidences of intestinal congestion and inflammation, a cold compress on the abdomen is of value, being especially useful in relieving excessive peristalsis. When pain is a marked feature, the use of lead and opium wash, locally, often affords much relief.

The medicinal treatment of these cases is the subject of another paper, so I will only mention a few remedies which I have found useful. I believe the medicinal treatment in

nearly all cases is subordinate to proper regulation of the diet.

Cuprum arsenite 2x, while it is the most generally useful remedy, podophyllum, gamboge, croton tig, aloes, nux vomica, mercurius corr, arsenicum, ipecac, and ant. crudum are remedies of inestimable value in combatting the various phases of the disease.

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SCIENTIFIC TREATMENT OF CRIMINALS. — At the recent meeting of the Congress of Criminal Anthropology, held in Amsterdam, Holland, the following resolutions were adopted: "1. Every child who has committed a crime should be examined by a competent physician, before being summoned into court, and those discovered to be actual degenerates should be placed in pedagogic establishments organized for the purpose of training and improving them intellectually and morally. 2. The biologic record of the criminal should be appended to the court record in every criminal case. 3. Government should take effective steps to arrest the progress of alcoholism." — *Annals of Gynecology*.

BLIND MASSEURS. — The ability of the blind to successfully perform massage has been clearly demonstrated in Japan, where they are employed exclusively for this work. Their wonderful delicacy of touch has enabled them, says an exchange, to acquire a high degree of proficiency, and therefore when massage was introduced into Russia, their employment also became general in that country. At the institute for the blind in St. Petersburg, a considerable number of the students are carefully instructed in the best methods of performing massage, and also in the main points of physiology and anatomy. Their introduction into other European countries has thus far not been attended with success, although Germany is now making arrangements tending to their permanent employment. — *Exchange*.



## EDITORIALLY SPEAKING.

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Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be *typewritten if possible*. To obtain insertion the following month, reports of societies and personal items *must be received by the 10th of the month preceding*.

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### OUR ATTITUDE TOWARD THE YOUNG PHYSICIAN.

The past month has been the month of class days, college commencements, and alumni gatherings, the month in which our medical students yearly take preliminary or final degrees, and pass from the limited sphere of university life to the wide world of professional endeavor and competition.

It is customary to speed the neophyte on his way with words of caution and counsel, and out of what should be the competency of a larger experience and a broader outlook, to lavish upon him that which no other profession gives gratis more freely — advice. The wearer of cap and gown is also told what will be expected of him, how true he must be to homœopathic principles, how ready to join the societies, how constant in his efforts to further the work of his college, how active in the alumni association, how regardful of medical etiquette. The list grows long of the things the young physician is told he should do.

Can anyone take exception to the instruction and parting injunctions bestowed upon him by professors, dean, president, class day and commencement orators, or alumni speakers? Most certainly not. The greater part of what is said is of distinct value, and worthy of being stored in the memory of the just-qualified practitioner. But an even more important service remains for the professors to render him. For four years he has been a person of some importance, has been tutored, encouraged, brought on as it were by instructors and professors. Kindly notice has been taken of him, and at the last he has been warmly congratulated, and enthusiastically launched upon his career.

But now he is thrown upon his own resources. Another under-graduate has his place in college, and engages the attention of the faculty. The men he meets in the profession are deep in their own affairs and, he may think, rather inclined to ignore him. He knows he has yet to make a place for himself, and he is sensitive ; possibly, easily discouraged ; probably, keenly alive to slights or what he fancies such. He has many problems to solve, and he hardly knows which are the correct solutions. Shall he seek or accept a hospital appointment ? Shall he take a post graduate course now, or postpone it until better fitted to decide what supplementary knowledge is most needed ? Shall he locate ? and, if so, where ? and how shall he live while acquiring a practice ?

These and countless other questions occupy his mind. Out of our own experience we know, if we stop to think of it, that they must, and that a little timely assistance from us now might minimize or remove many of his difficulties. Should we not then be prompt to render what service we can ? If we are unprepared to look at the matter from a purely philanthropic viewpoint, less disinterested motives might yet suggest some action on our part. In any case the young physician's perplexity is our opportunity, and one we can by no means afford to neglect. Do we want him in our medical societies, our alumni association, on our teaching or dispensary staff, or at least in the van of those who support our institutions and the "cause ?" Then let us welcome him to our ranks, not alone at June receptions or banquets, and by addresses and commendatory speeches, but by the every day thoughtful remembrance, and hearty, friendly greeting ; by showing, whenever possible, a sincere interest in his plans, by giving him disinterested advice, untinged by personal bias or prejudice ; by introducing him to those who can be of assistance to him ; by sharing with him our knowledge and our opportunities. Let us remember him when we hear of a good opening, and be slow to recommend an opening we do not know to be good. Let us discourage his

"buying a practice," unless under exceptionally advantageous conditions. If he can take our place when we go on a vacation, or if he can help us in our work, let us not forget that nine times out of ten he will be ready to do so, and grateful for the chance. Above all, in all our relations with him, let us show him a kindly courtesy and consideration that will encourage him to enlarge his professional acquaintances, his professional interests and activities, that will make him feel he is valued, not only when a fund is to be raised, a paper contributed or dues to be paid, but also when nothing is desired of him more or other than what he receives.

Perhaps — and we say it in no spirit of criticism — if we sometimes laid a little less stress upon a large and remunerative practice, or a prominent and enviable position, or the holding of office, or the imposing upon others of our own will and way, we might lay a little more stress upon the extension of an unselfish and helpful influence with the younger members of the profession, and we might less frequently forget to render those small, but timely, services which are so greatly appreciated and which, with our cheery words and unaffected interest, will perpetuate our memory in the hearts and lives of our confrères when the most skillful operations we have performed, the most effective prescriptions we have made, the high positions we have held, and all the wordy battles we have won, are no longer even partially remembered.

A. T. L.

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TEACHERS OF MEN. — To labor for the alleviation of suffering and for the restoration of health is a noble avocation, but to teach our fellows how to avoid disaster is a prouder privilege and a higher duty. We should be teachers of men. How better can we protect the public from disease than by perfecting in every county and in every community an organization of physicians, which shall be ever watchful and insistent upon obedience to the laws relating to the public health. — *Dr. J. A. Wyeth, President Amer. Med. Asso.*

## SOCIETY REPORTS.

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### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

#### BUSINESS SESSION.

The regular meeting of the society was held at the Boston University School of Medicine, East Concord Street, Boston, Thursday evening, June 5, 1902, at eight o'clock, the President, Frank E. Allard, M. D., in the chair.

#### REPORT OF THE SECTION OF DISEASES OF CHILDREN.

*W. T. Hopkins, M.D., Chairman; C. C. Burpee, M.D., Secretary; L. A. Kirk, M.D., Treasurer.*

#### PROGRAMME.

1. "The Differentiation of Human and Bovine Tuberculosis." William H. Watters, M.D.

Discussion opened by Frederick P. Batchelder, M.D.

2. "Blood Changes in Tuberculosis." Willard A. Paul, M.D.

3. "Tuberculosis in Infants and Children." Carroll C. Burpee, M.D.

Discussion opened by Herbert C. Clapp, M.D.

4. "The Present Status of Electricity in the Treatment of Tuberculosis." Frederick F. Strong, M.D.

Discussion.

Dr. Batchelder: What I want to say tonight will be based not upon my own experience so much as upon the experience of others.

The statements or selected propositions, read by Dr. Koch before the London Congress of Tuberculosis, savor a little of dogmatism, and lead us to some questioning.

I do not feel at all certain that a human being, especially a child, may not contract tuberculosis from milk from a tubercular cow. One point Dr. Watters did not mention, and that

is, if you will run over the pathological examinations of such cases of bovine tuberculoses you will find that the cow's udder became infected early. Again, in his description of the bacilli, one point to be remembered is that the tubercule in the cow and in the human being are, if exactly alike, not wholly unlike. The appearance of the tubercles in the cow will resemble more closely those in the acute miliary human type of tuberculosis.

In looking into the literature that has been published regarding it, I found that some of Dr. Koch's statements in his original paper are most strongly controverted. I want to refer to some of these :

If you will turn to the Medical Bulletin of the University of Pennsylvania, for February, 1902, you will find a case recorded of an accidental inoculation with bovine tuberculosis and the development of characteristic tuberculosis. There was no doubt but that the bacilli grew. The *Medical Press*, Paris, February, 1902, has a good article which deals with lung tuberculosis as found in human beings and cattle. Another observer speaks not of the contrast, but the resemblance between human and bovine tuberculosis. Again, we have two observers in *American Medicine* for Jan. 4, 1902, reporting the successful inoculation of monkeys with the bacilli of bovine tuberculosis. These experiments are only preliminary, and the results must be taken cautiously until confirmed by further investigation. The *New York Medical Journal* for January 25, 1902, gives a somewhat interesting article, By Professor Jacobi, on "Infant Tuberculosis and Cow's Milk." Another article (*Boston Medical and Surgical Journal*, December 19, 1901), shows the relationship between human and bovine tuberculosis, with particular reference to the alimentary canal of children. The *Lancet* has an article on bovine tuberculosis in the milk supply.

I have been interested in the attempts made to diagnose cases of tuberculosis much the same way we attempt the early diagnosis of cases of typhoid fever. "Germ Diagnosis of Tuberculosis," *Munich Med. Wochenschrift*, January 21,

1902). I take it for granted that none of us would be willing to drink a glass of milk from a tuberculous cow. I remember the evening when Professor Sedgwick drank a glass of filtered sewer water before this society. He knew what he was drinking, that it was absolutely free from bacteria. We have a great deal yet to learn of the relationship of human and bovine tuberculosis. I think children will not invariably get it from infected milk, nor do I think they can drink it with impunity.

With regard to cases of tuberculosis occurring in a certain type of child, we all are familiar with such. Now, these points as to the source of their infection depend, thus far, on circumstantial evidence largely. I think there will be much more known on this subject within the next twelve months. Human tuberculosis has been successfully developed in animals. We have some cases where human beings have been accidentally infected with bovine tuberculosis. These cases are not uncommon, and yet we should not be too ready to accept them, though truth is supreme and eternal, and we must remember that facts (?) have been accepted in the past which, later on, have been set aside for something that was the real truth.

Dr. Clapp: As Dr. Watters says, a short time ago it was supposed that this matter was entirely settled, and it would have been settled but for one man, Dr. Koch. At the meeting of the World's Congress one year ago, he read his interesting paper on human and bovine tuberculosis, and on account of what he had done before and because of his general ability, of course, anything that came from him received much attention. Even at that meeting, in spite of their deference to Dr. Koch as a man, there was considerable dissatisfaction manifested at his conclusions, dissatisfaction which has increased rather than diminished. I think comparatively few have supported his views, and a great many have controverted them, and investigations have been carried on in different parts of the world, to prove or disprove his statements. There has been considerable proof on the other

side ; it is believed that he did not consider all the points carefully.

I think the generally accepted view now is that we ought not to abandon our former conclusions as to the relationship of bovine and human tuberculosis. I think it is fair to consider the differences in form and power and disease manifestations of the germs in these diseases as owing to different environment, different soil and different conditions. A wild pink is very different when grown under cultivation, so it is with different germs grown on different soil and with different environments. The great danger of infected milk prevails now just as much as ever before, even if it does not always affect those who drink it. Because more soldiers die from disease than bullets, it does not prove that bullets are not dangerous. It certainly has been proved by successful inoculation, inhalation, and by ingestion in the alimentary canal, that tuberculosis can be transmitted in those ways, often, if not always. But if a child or infant has tuberculosis, it is not always to be attributed to the milk, even if that comes from an affected cow, because with children, as more or less with grown persons, the infection is more often from inhalation of human bacilli. A child creeping about picks up dust in which are bacilli, for people are careless about spitting. If the babe has a tubercular mother and puts its finger in her mouth and then into its own, there is a possibility of infection. The practice of kissing is another means. A child, infected in the lungs by inhalation or through the mouth, will have sputum filled with the germs of tuberculosis, and as young children do not expectorate, these will be swallowed, and what more natural than for the digestive system thus to be infected. Still I think it is dangerous to take milk from a cow which has tuberculosis.

I want to enter a protest against the common habit of promiscuous kissing, and especially of the practice of some women of kissing all the children they meet, because in that way the saliva is conveyed directly from the infected mouth. Some mothers in feeding an infant will use the same spoon with which they tested in their own mouths a few seconds before the temperature and palatability.

Speaking on the subject of "Tuberculosis in Infants and Children," I will say something about the twenty-four sanatoria in France, which are along the seashore. They have forty thousand children under treatment, and in connection schools are maintained, so that during the period of childhood they are not deprived of educational privileges, but are taught within the limit of their strength. It is rather queer that grown persons, affected with phthisis, are not so well at the seashore, but children often thrive better there than inland, especially those troubled with scrofulous joints. Dr. Burpee for several summers has done good work at his hospital at the seashore, but it is not confined to phthisis. Mr. A. C. Burrage is just starting a fine, large hospital near Nantasket, which will undoubtedly take many of these cases. It seems quite desirable that this system should spread over the country, as it is a benefit, not only to these feeble ones, but also to other children, because they act as a drag to the more able scholars. I see by a recent newspaper that the Superintendent of Instruction in Colorado has just debarred tubercular children from the schools. This seems rather cruel treatment, unless there is also some special provision made for them. If we could go back a little way and prevent the marriage of persons where one or both are consumptive, I think we would do a great thing in lessening the number of tubercular children. I am pleased to find that my advice is often followed in regard to other matters, but when it comes to marriage, where tuberculosis is suspected or proved, I notice that it has seldom been followed unless it coincided with the wishes of the contracting parties. I do not think that legislation will serve the purpose; it can only be accomplished by education. Otherwise, I fear the old way of begetting tubercular children will go on. They are not begotten as such, for children are almost never born with tubercular bacilli, but acquire them if they are born with the predisposition. General tuberculosis is very common in young children. In children under three years the deposits are not confined to the apices, as is customary in adults. With young children tuberculosis of the bronchial glands is very common.



Dr. Allard: I have recently looked up some statistics in selected cases of life insurance, and find that the mortality among the Jews from this disease is very much less than among other races. The statistics do not, however, cover the poor classes, who are less likely to insure. They bear out the fact, however, that the Jews seem to be in some degree immune from tuberculosis. Whether this is due to hereditary strength or some hygienic condition cannot be determined. It has been attributed to the inspection of the meat supply, which is certainly a reasonable source of infection. The great function of the stomach is to act as an antiseptic, and normal gastric juice will destroy the bacilli of infected food taken directly into the stomach. Probably, in most cases, infection comes from inhalation, and all are equally exposed in given surroundings.

As Dr. Strong's paper was not presented, Dr. Loring was requested to say something regarding the treatment of phthisis by electricity.

Dr. Loring: I have been very much interested in the subject of the treatment of phthisis by electricity, although the form in which I use electricity differs somewhat from that which Dr. Strong was to present tonight. He uses the spark discharge, which he applies over the affected area. The same results are obtained by the X-ray. The first record that I have seen of tuberculosis treated with the X-ray was reported, I think, in the *New York Medical Journal* about two years ago. A young man suffering from phthisis had the curiosity to have a skiagraph taken of his lungs. An exposure was made, with the result that the young man was helped, his cough was better. In cases that I have seen reported the bacilli have not been entirely destroyed but have been reduced in number; patients felt better, night sweats were less, and the cough less troublesome.

Many experiments have been made with guinea pigs. Germs of human tuberculosis were injected into six guinea pigs; part of them were treated with the X-ray and part not; at the end of a certain time all were killed and pathological

changes reported. In every case of the guinea pigs subjected to X-rays, the development of the tuberculosis was very much delayed. The only case of human phthisis I have actual knowledge of being treated with electricity was at Fergus Falls by Dr. Coleman. The patient improved. Some reports are unfavorable. It is not surprising that this should be so, because there is such a difference in the manner of application of the X-ray. I am sure you will find that when properly used it has ameliorated many of the conditions, and that some patients recover who otherwise would not.

Dr. Briggs: I do not know how much the society will be interested in a matter that I observed with a great deal of interest while in Chicago. I refer to the measures taken by the Bureau of Animal Industry to detect tuberculosis in animals in connection with the large slaughter houses in that city. I went to the Bureau of Animal Industry, introduced myself and was taken over the large packing houses, spending one hour at Swift's and an hour and a half at Armour's. A number of commissioners inspect the animals before they are slaughtered, then the cattle go into the large slaughter houses, are killed, opened, and the inspectors, seated along the line, watch for special locations, lungs, intestines, etc., where tuberculosis is likely to occur. The slaughtering is done in a systematic way, certain portions of the work being performed by certain individuals; a number of commissioners are seated where the animals are disembowelled and watch for nodular or intestinal growth, which are indicative of tuberculosis. As soon as the carcass is found to be diseased, a card is put upon it, and it is immediately taken from the place and carried before other experts and more carefully examined; if rejected, it is dropped into a vat, where it is treated chemically and used for fertilizing. Especial care is used in inspecting meats to be exported, I suppose on account of the care Germany and England exercise in inspecting all imported meat.

Adjourned at 9.30 o'clock.

H. O. SPALDING, *Secretary.*

**AMERICAN INSTITUTE OF HOMŒOPATHY.**

The fifty-eighth annual session of the American Institute of Homœopathy, held in Cleveland, Ohio, June 17th to 21st, inclusive, was one of the most successful meetings ever held. Over four hundred and twenty-five members were present, and some four hundred visitors. The proportion of seniors, who numbered fully fifty, was particularly noteworthy, and apparently none so thoroughly enjoyed themselves or felt greater interest than the older men who, for twenty-five or more years, have watched the growth and development of the Institute. The list of membership was extended this year by the addition of one hundred and seventy-five new names.

Business sessions opened with promptness and an unusually large attendance, and sectional and general meetings showed, to a gratifying degree, the wide-spread and deep interest of the members. The Chamber of Commerce proved not altogether satisfactory, for its location made it noisy, and its acoustic properties were poor; the exhibits, also, were so placed as to occasion more or less confusion through the constant moving about of those who wished to inspect them.

The routine work of the Institute was carried on much as usual, but one of several features of special interest was the alumni conclave, held Thursday evening, June 19th. This, the first gathering of the kind, brought together the alumni of all the various homœopathic colleges represented, and proved most acceptable to all, and provocative of the kindest good fellowship and cordiality. Cleveland hospitality made the evening noteworthy through the offering of an excellent musical program and a bountiful feast of good things. Five minute speeches were made, fifteen colleges being represented by the speakers. Nearly all of the four hundred guests present remained until after eleven o'clock.

Another, and even more distinctively social feature, was the reception given the evening before at the Colonial Club, by the president and members of the local committee. Music and dancing enlivened this enjoyable occasion. The ladies of Cleveland extended many acceptable courtesies, especially

to those of their own sex, including, among other attentions, an eighteen mile drive about the city.

A rather disproportionate amount of time was given at the opening of the session to welcoming the members, but as the welcome was partly musical and wholly such as to excite an attentive responsiveness, it was greatly appreciated. The president's address was exceptionally comprehensive, and was an excellent review of the practice of medicine.

The result of the second election held for the choosing of officers for the ensuing year was as follows: President, Joseph P. Cobb, M. D., formerly of Chicago, Ill., now of Lincoln, Neb.; first vice-president, H. F. Biggar, M. D., Cleveland, Ohio; second vice-president, M. Belle Brown, M. D., Dean of the New York College for Women; general secretary, Ch. Gatchell, M. D., Chicago, Ill.; recording secretary, J. Ritchie Horner, M. D., Cleveland, Ohio; treasurer, T. Franklin Smith, M. D., New York City, N. Y.; registrar, H. C. Aldrich, M. D., Minneapolis, Minn. Dr. Millie J. Chapman of Pittsburgh, Pa., was re-elected to the board of censors.

Special mention should be made of the completion of the by-laws, and their adoption by the Institute. The revision adapts them to existing conditions, bringing the different societies of specialists—originally offshoots of the Institute—into closer touch with its work as a whole.

When the subject of the meeting place for the session of 1903 came up, Dr. A. B. Norton of New York at once presented invitations from different parts of his state. Dr. J. Herbert Moore of Brookline, Mass., extended an invitation to the Institute to meet in Boston, and his remarks were supplemented by Dr. J. P. Sutherland of Boston, who assured the members of a warm welcome. Dr. O. S. Runnells moved that this invitation be accepted, and the vote in favor of the session of 1903 being held in Boston or its vicinity was unanimous, about two hundred members being present.

At the session at Richfield Springs last year the *Materia Medica* Section intrusted to the Intercollegiate Committee,

for consideration and action, this memorial: "That there should be uniformity of teaching in all the colleges by the professors of materia medica and therapeutics, etc." At the meeting just concluded the Intercollegiate Committee recommended the adoption of the following resolutions, which were acted upon favorably:

*Resolved*, That the teaching of the principles of homœopathy, as enunciated in the Organon, homœopathic pharmaceuticals and homœopathic materia medica, be continued throughout the entire four years' course, the Organon and homœopathic pharmaceuticals at least one year, and homœopathic materia medica at least three years.

*Resolved*, That the clinical teaching in our schools should be brought into the greatest attainable harmony with the teaching of materia medica.

*Resolved*, That we disapprove of and discountenance all teaching which gives approval of what is known as the purely 'empiric uses of medicine,' or the use of proprietary medicines and combination tablets; believing that such teaching is productive of confusion in the mind of students, is subversive of the principles of homœopathy, and tends to retard true progress in the establishment of a scientific materia medica and therapeutics."

It is to be regretted that space does not permit of a more extended report of this most interesting session of the institute, especially as all the papers announced to be read were given, the writers, in nearly every instance, being present. These contributions and the discussions which followed were, as a rule, of a high order of merit. For the data used in the above report the editors of the *Gazette* are indebted to the courtesy of Dr. John P. Sutherland, of Boston.

**NOTES ON THE PATHOLOGICAL EXHIBIT AT THE  
MEETING OF THE AMERICAN MEDICAL ASSOCIA-  
TION, SARATOGA SPRINGS, NEW YORK.**

It was the writer's good fortune to be present at the fifty-third annual meeting of the American Medical Association, held at Saratoga Springs, N. Y., June 10 to 13.

A few weeks ago the Alumni Association of Boston University School of Medicine received a letter from the Association Committee on Pathological Exhibits, inviting the school to contribute specimens of work in this department of medicine. The matter was referred to Dr. W. H. Watters, pathologist at the school, who decided to accept the invitation, and to make an exhibit in accordance with the request, and as he was detained in Boston, it was my privilege to attend at Saratoga in charge of the exhibit from our pathological laboratories.

It has been suggested that some little account of this part of the convention might be of interest to the friends of the B. U. S. M., who might thus form some idea of the standing of our school, as compared with that of the more numerous allopathic schools in the country. That the result of this comparison was very favorable would have been evident to any one present at the exhibition.

Schools were requested to confine their exhibits to special lines of work. The display from ours took the form of showing a method of preparing pathological and anatomical specimens for class demonstration, with the natural colors preserved and the whole mounted in glass with gelatine as a medium, making clean and attractive specimens for handling.

This work is the result of much thought and labor on the part of Dr. Watters, and has been in progress for nearly a year. The assignment of space for our exhibit at the hall at Saratoga was most desirable, being near the entrance, and therefore compelling the notice of all visitors. Our exhibit, though a small one, attracted immediate attention, even before entirely set up, and other exhibitors were most generous in their praise and desirous of learning our methods.

Throughout the three days of the exhibition the work of the B. U. S. M. received many gratifying compliments. It should be remembered, also, that the men who thus showed their appreciation were from the foremost ranks of the physicians of the country, including Dr. Wyeth and Dr. Jacobi of New York, whom the writer met personally and who were extremely generous in their compliments. Dr. Kelly of Johns Hopkins, and the men in the various chairs in all the large schools of Philadelphia, New York and Chicago were equally kind in their appreciation. The discovery to these men, also, of the homœopathic tenets of the school did not apparently lessen their appreciation of work which, to them, was new and apparently very desirable.

In justice to Dr. Robertson of the Episcopal Hospital of Philadelphia, it should be said that for the past few months he had been working on similar lines with considerable success, and it is to be regretted that he did not exhibit his work at the convention. He was most kind and generous in his praise, and it is to be hoped that in the future a comparison of work may be had.

As regards the exhibits from other schools these were very fine, consisting mainly of gross specimens, which their wide range of clinical facilities made very rare and instructive. Cornell, and Bellevue, and the Polyclinic Schools of New York had noteworthy displays in their line. The X-ray demonstrations by the workers in Cornell and the Medico Chirurgical School and Hospital of Philadelphia were of great excellence. Dr. Schamberg, of Philadelphia and Cornell Medical School, had some beautiful specimens of smallpox lesions, in series, mounted in Kaiserling. Another interesting display was that of the Marine Hospital, showing colonies of human, bovine, and avian of the bacilli of tuberculosis on various media. The collection of appendices by Dr Robert Abbey of New York, and Dr. H. C. Emerson of Springfield, attracted much notice, and the special work on the bacteriology of skin lesions, as displayed by the Pediatrics Laboratory of New York, was most praiseworthy.

Other schools had equally fine exhibits in various lines of work. The display of dissecting room anatomical work of the College of Physicians and Surgeons of Chicago was very commendable.

On the whole it may be said, from conversing with men in other schools as to methods, etc., that no one needs to be ashamed of the B. U. S. M. The advantages of access to large general hospitals are undoubtedly very great, and substantial endorsement of various chairs in these schools makes the range and scope of their work much wider. But that this school has done original work and made itself felt even in a moderate way among the institutions of the dominant school of medicine, cannot but be gratifying to alumni, students and friends alike. The attitude of the pathological committee was that of courtesy and kindness throughout, and the thanks to the alumni for their effort was manifestly cordial and sincere.

O. R. CHADWELL, B. U. S. M., '03.

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#### **MAINE HOMŒOPATHIC MEDICAL SOCIETY.**

The thirty-sixth annual meeting of the Maine Homœopathic Medical Society was held at Biddeford, Maine, June 10th, 1902. The meeting was opened with prayer by Samuel Worcester, M. D., of Portland, Maine, a brother of Dr. John Worcester of Dorchester, Mass.

After the calling of the roll, the retiring president, Dr. L. A. Stewart, now of Clinton, Mass., gave an eloquent and scholarly address, which was listened to with the closest attention. The presentation of many interesting and instructive papers by members of the society was followed by an adjournment for dinner, after which a trip by buckboard was taken to the Trull Memorial Hospital. Here Dr. Nathaniel W. Emerson of Boston showed the modern technique of appendectomy, to the great satisfaction of his professional audience.



Dr. Emerson is a valued member of the society, and Dr. John L. Coffin of Boston was this year also made an honorary member. The latter read a most excellent paper on "Tuberculosis of the Skin."

The officers elected for the ensuing year are: President, W. V. Hanscom, M. D., Rockland; first vice-president, E. S. Abbott, M. D., Bridgton; second vice-president, J. Frank Trull, M. D., Biddeford; recording secretary, Cora M. Johnson, M. D., Skowhegan; corresponding secretary, M. F. Cushman, M. D., Castine; treasurer, Wm. F. Thompson, M. D., Augusta.

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## BOOKS AND READING.

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Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked *NEW ENGLAND MEDICAL GAZETTE*, and sent to the publishers, Otis Clapp & Son, 10 Park Square, Boston.

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QUAIN'S DICTIONARY OF MEDICINE, including General Pathology, General Therapeutics, Hygiene, and the Diseases of Women and Children. Edited by H. Montague Murray, M. D., F. R. C. P., Joint Lecturer on Medicine, Charing Cross Medical School, etc., assisted by John Harold, M. B., B. Ch., B. A. O., and W. Cecil Bosanquet, M. A., M. D., M. R. C. P. Illus. New York: D. Appleton & Co. 1902. pp. 1912. In one volume. Price, half morocco, \$10.

It is nothing new for the firm of D. Appleton & Company to send out from their press a work praiseworthy alike in substance and in form. Their excellent judgment in the present instance has led them to offer to the profession a third edition of this widely known book of reference in such shape that it is not unwieldy, or otherwise difficult to handle, like nearly all similar works. The paper used is heavy enough to prevent the showing through of type often seen in a dictionary, and always giving a blurred effect. The text is frequently paragraphed and is arranged in double columns. Twenty-one full-page plates, fourteen of them colored, are inserted, and represent, among other things, bacteria, malarial parasites, morbid appearance of the blood, diseased tissues, spectra of pigments, sec-

tions of the spinal cord, urinary deposits, ophthalmoscopic appearances, etc.

Eight years have passed since the last edition came out. Sir Richard Quain is dead, but his dictionary — developed in accordance with his plans, enlarged, improved, largely re-written, and revised throughout, containing an immense amount of new matter, and shorn of vain repetition — may worthily find a place upon the shelves of public and private libraries.

Eminent specialists from all the leading universities and hospitals of Great Britain, and a few from this side of the Atlantic, have contributed to its pages the results of experience and research. We note among these contributors such names as Broadbent, Brunton, Ferrier, Fox, Gowers, Leith, Osler, Hamilton, Muir, Playfair, Simpson, Treves, and many others of equally high rank.

In the present edition an increased amount of space has been given to etiology and pathology, and men in touch with experimental work have furnished valuable modern deductions. The tendency to specialize work in medicine has been recognized, and each department has been made as instructive as possible.

Surgery is so inseparably linked with Practice as a whole, that the editors have done well to give it considerable prominence. We find no mention, however, of the resort to surgical interference in Bright's disease. The value of such procedure is, perhaps, not yet fairly determined. We note also the omission of medullary anesthesia under anesthetics.

Special mention may be made of such comprehensive articles as those on Antitoxins, Epilepsy, Diseases of the Brain, of the Spinal Cord, Eczema, Public Health, Malarial Disease, Intestinal Obstruction, the Ophthalmoscope in Medicine, Diseases of the Lungs, Pain in Visceral Disease, Gout, the X-rays. It is difficult, however, to single out articles of particular merit among so many of marked excellence. The book is a cyclopedia of modern medical thought and knowledge.

MINOR SURGERY AND BANDAGING. By Henry R. Wharton, M. D., Professor of Clinical Surgery in the Woman's Medical College of Pennsylvania, etc. Fifth edition, enlarged and thoroughly revised. Philadelphia: Lea Brothers & Co. 1902. pp. 621. Price, cloth, \$3.00 *net*.

This compact, attractively and durably bound epitome of minor surgery and bandaging requires no words of introduction. It is the preferred manual upon these subjects in many of the leading colleges, and is the mainstay of the average medical student when he commences the study of surgery. From its pages he learns how to treat fractures and dislocations, how to ligate arteries, how to perform amputations, excisions and resections, intestinal anastomosis, operations upon nerves and tendons, tracheotomy, intubation of the larynx, etc.

A section on operative work on the cadaver is included, and the interesting and important subject of surgical bacteriology is taken up. The uses of most of the appliances with which the surgeon must be familiar are explained, and every topic discussed is freely illustrated. In all there are fully five hundred cuts, many of them photographic.

THE NEUROSES OF THE GENITO-URINARY SYSTEM IN THE MALE, WITH STERILITY AND IMPOTENCE. By Dr. R. Ultzmann, Professor of Genito-Urinary Diseases in the University of Vienna. Second edition. Revised, with notes and a supplementary article on Nervous Impotence, by the translator, Gardner W. Allen, M. D., Surgeon in the Genito-Urinary Department of the Boston Dispensary. Philadelphia: F. A. Davis Company. pp. 198. Price, cloth, \$1.00 *net*.

The contents of this book consist of two monographs, the work of Dr. Ultzmann, upon sensory, motor, and secretory neuroses of the urinary system and the sexual system in men, and descriptive of the urine in genito-urinary neuroses. Sterility and impotence are also discussed, both in their organic and functional aspects.

Dr. Allen adds a practical article on the etiology, pathology, prognosis, and treatment of nervous impotence. Small as this manual is, its pages give much needed instruction and many helpful suggestions. Causes of the above-mentioned conditions, other than sexual excesses and masturbation, are not ignored, and the relative importance of cause and effect is more carefully weighed than is usual. What is written has been written with intelligence, and without regard for belief and opinions lacking scientific justification. We wish, however, that Dr. Allen had unqualifiedly taken a stand in favor of purity of life in men under all conditions. Physical virility

and potency are of exceedingly great importance, but there is a virility and potency transcending them, and of greater and more vital importance to the individual even in his life unrelated to others.

TRANSACTIONS OF THE FIFTY-SEVENTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, held at Richfield Springs, N. Y., June 18, 1901. Edited by Eugene H. Porter, M. A., M. D., General Secretary. New York: William N. Jennings, Printer. 1902. pp. 930.

There are at least two benefits received by every physician who belongs to the Institute, viz., the prestige which membership gives him, and the yearly volume of Transactions. The latter is a work not to be despised. It invariably contains articles of merit; the report of cases recently carried to a conclusion; a large number of practical points brought out during discussions, and much else indicative of the trend of work and thought in medicine. It is a yearly history of homœopathy, a summary of progress. It furnishes statistics of medical societies, hospitals, dispensaries, medical journals and medical colleges and much information about the methods and members of examining and licensing boards. To belong to the Institute is to be in touch with the homœopathic profession throughout the United States, and to constitute a part of the only representative national organization.

The Transactions for 1901 contains some excellent papers, among them: "Is Diagnosis a Pre-requisite to Treatment," by Dr. Sutherland; "Cardiac Pain," by Dr. Goodno; "Our Occupation of Cuba from the Viewpoint of Sanitation," by Dr. Fisher; "The Etiology of Cancer and the Treatment for Inoperable Cases," by Dr. Biggar; "The Dietetics of Childhood in Health and Disease," by Dr. Raue, and "The Management of Normal Labor," by Dr. Southwick.

The reader who follows the discussions carefully will be repaid. It is most unfortunate that inexcusable carelessness on the part of the binder has caused the entire omission of certain pages in some of the copies sent out.

## THE SPECIALIST.

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Under this heading will appear each month items bearing upon some special department of medicine: this month "Gynecology," next month "Pediatrics."

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**RELATIVE STERILITY.** — A woman relatively sterile for a period of two to five years has one chance in ten to become again pregnant. After five to ten years' sterility her chances are only one in fifty. After ten years her chances are reduced to one in a hundred. — *The Post-Graduate.*

**THE LIVER AT THE MENOPAUSE.** — The liver and all its works should never be out of consideration during the climacteric treatment; we have known menopausal headaches to quite disappear by appropriate hepatic medication, and this should be prolonged rather than forcible. We also have known the most persistent of headaches to concur with unsuspected gall stones about this time of life. — *Monthly Homœopathic Review.*

**SPASMODIC DYSMENORRHOEA.** — The local treatment of spasmodic dysmenorrhœa is to dilate the cervix, which is best done by the passage of bougies; but dilatation does not invariably cure. If it and all other treatment fail, and the dysmenorrhœa is so severe as to wreck the patient's life, it can be cured by removing the ovaries. But this grave measure should not be taken without the most careful consideration. — *British Medical Journal.*

**CERVICAL CATARRH.** — In the married female fifty per cent of the severe cases of cervical catarrh are of gonorrheal origin, and the percentage is higher than we care to admit in the unmarried female arriving at the age of twenty-five years among the working classes of the large cities. Thus I emphasize: Examine thoroughly and critically every suspicious discharge from cervix and urethra, irrespective of profession, occupation, position or social standing of patient, before treatment is begun. — *Dr. G. R. Andrews in Medical Brief.*

ELECTRICITY IN GYNECOLOGY. — I believe that in the galvanic current we have one of the best, if not the best, means of treating a large number of pelvic troubles. I know of nothing that will so quickly relieve or cause congestion of uterine and other pelvic tissue, as the galvanized current. Skill and experience are needed to secure the best results. The amount of suffering caused by uterine displacements is not at all in proportion to the amount of displacement, but is due to impeded circulation and nerve pressure. — *Dr. J. K. Warren in Homœopathic Journal of Obstetrics.*

HYDROTHERAPY IN DISORDERS OF THE MENOPAUSE. — Gottschalk recommends, from personal observation in a number of cases, hot baths as a means of relieving the sweating and hot flushes and associated disturbances occurring at the menopause or after removal of the uterus or adnexa. The hot baths are administered at bedtime, duration twenty minutes. Three or four weeks' treatment was sufficient to affect a cure. He does not state exactly what temperatures were employed, but baths at 92° to 96° are best for these cases. Carefully graduated tonic treatment, consisting of wet-hand rubbing, cold friction, the friction-mitt, cold wet-towel rubbing, and like measures, are of greatest service. — *Modern Medicine.*

INFLAMMATIONS OF THE UTERINE ADNEXA. — 1. Conservative non-surgical treatment will yield good results in almost all cases of acute or chronic non-suppurative inflammations of the uterine adnexa. 2. In suppurative cases conservative non-operative treatment should be given a trial, unless definite symptoms make immediate operation imperative. 3. In suppurative cases conservative, non-operative treatment gives comparatively good results among the well-to-do, but very unsatisfactory results among patients of the working class. 4. If an operation becomes necessary in pus cases, radical operation will be the operation of choice, vaginal drainage the method of necessity. 5. For radical operation the vaginal route should always be given preference. — *Dr. H. Ehrenfest in St. Louis Medical Review.*

SPECIFIC PERITONITIS. — The symptoms of specific peritonitis differ somewhat from the various other forms; as a rule, the temperature does not run above  $102^{\circ}$ , and very often it is subnormal. One case I recall to mind had a temperature of  $101^{\circ}$ , pulse 90. A few days later the temperature dropped to  $96.08^{\circ}$  and pulse 48. I found afterward that the patient normally had a slow pulse.

In the acute stages of these cases I give internally bell., gels., merc. corr., cann. sat., argent. nit., lachesis, apis, puls., etc., according to their indications. In connection with the internal treatment I employ hot vaginal douches of boracic acid five per cent., or lysol, one-half of one per cent., every three hours. — *Dr. J. B. Brown in Homœopathic Journal of Obstetrics.*

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## COLLEGE, HOSPITAL AND LABORATORY NOTES.

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BOSTON UNIVERSITY'S COMMENCEMENT DAY, June 4th, was a great success. The School of Medicine was well represented; five of its students received the degree of Ch B.; two, M. B., and twenty-three were graduated with the degree of M. D.

THE ALUMNI ASSOCIATION of Boston University School of Medicine held a largely attended business meeting and banquet at Hotel Brunswick, Boston, June 3d. By-laws were adopted, under which the association will become incorporated. The president elected for the ensuing year is Dr. Winfield Scott Smith of Boston.

HARVARD'S new dental school will cost \$300,000, and be located on the northwest side of the new Medical School in Brookline. The new building will be three stories high, and will cover an area of 150 by 50 feet for the main building, and 70 by 50 for the annex.

JOHNS HOPKINS' new surgical building will soon be erected, and about \$100,000 will be expended. It will be a

five-story building with a basement, and the dimensions will be 100 feet by 112 feet. The lecture hall will seat two hundred students.

J. K. CAIRD, a wealthy manufacturer at Dundee, Scotland, proposes to erect in that city a cancer hospital at a cost of \$90,000. He has also guaranteed the payment of \$5,000 a year for five years for original laboratory work in investigating the disease.

THE HOSPITAL SHIP is to find a permanent place among the fleets of the navy, not only for the purpose of transporting serious cases to home hospitals for treatment, but also to attend to sick officers and men requiring such attention as has usually been given in the sick bays of war vessels. Orders have been given for the equipment of the cruiser Dixie at the New York Navy Yard as a floating hospital for handling the sick of the navy at sea.

THE SUMMER HOSPITAL for sick and crippled children which Mr. and Mrs. Albert C. Burrage are founding and erecting on Bumkin Island, Boston Harbor, is practically completed, and it is probable that it will be ready for use the first week in July. The main building is in the shape of a capital H, with an extension building in the centre of the rear court. The extreme dimensions are about 175 feet each way, and the hospital is designed to accommodate from one hundred and fifty to two hundred beds. It is the intention of Mr. and Mrs. Burrage that the hospital shall remain open from June 15 to September 15 of each year, thus giving three months' care, amid the most perfect surroundings, to helpless little ones from the crowded city.

DR. F. MORTIMER LAWRENCE very pertinently says, in speaking of laboratory methods of diagnosis: "The day of the man who believes in 'intuition' as a substitute for accurate observation is gone, and even the patients of such a man are apt to realize it, especially if he comes into competition with a well-trained modern physician. What physician will, for example, dare to utter a diagnosis or a prognosis in a case,



say of nephritis, until he has interrogated the urine with chemical reagents and microscope? Who would venture an opinion on an apparently grave anemia without a blood examination? And who is so sure of his physical signs that he is not glad to have his verdict justified by the discovery of the tubercle bacilli in the sputum? Let the indolent or incompetent disregard these methods though they may, it must be known to every such practitioner that lives are lost through neglect of these elementary diagnostic procedures."

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### OBITUARY.

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DR. SELDEN HAINES TALCOTT, Superintendent of the Middletown State Homœopathic Hospital, Middletown, N. Y., died of enteric hemorrhages, June 15, 1902.

Dr. Talcott was born July 7, 1842, at Rome, Oneida County, N. Y. He served in the Civil War in the 15th Regiment New York Volunteer Engineers. He was graduated from Hamilton College in 1869, with the degree of A. B., and from the New York Homœopathic Medical College and Hospital in 1872, with the degree of M. D. Hamilton College granted him the degree of A. M. in 1872, and of Ph.D. in 1882. He began practice in Waterville, N. Y., was appointed Chief of Staff, Ward's Island Hospital, N. Y., in 1875, continuing until April 24, 1877, when his resignation was accepted in order that he might become superintendent of the Middletown Asylum on that day.

As professor of mental diseases in the New York Homœopathic Medical College, and a frequent writer upon his specialty, he became widely known as an expert and leader among alienists. The completion of his twenty-five years' service as superintendent of the Middletown Hospital was celebrated with great rejoicings, congratulatory addresses, banquets, etc., only three weeks before his greatly regretted death.

## PERSONAL AND GENERAL ITEMS.

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DR. WILLIAM HARVEY KING succeeds the late eminent Dean of the New York Homœopathic Medical College and Hospital, Dr. Wm. Tod Helmuth.

DR. BENJAMIN T. LORING has located at 229 Berkeley Street, Boston, where he can be consulted from 2 to 4 P. M. week days, or reached by telephone, 1289-5 Back Bay.

SENATOR FITZGERALD'S bill for the appropriation of \$150,000 for a hospital for "consumptives," has passed both the house and the senate in the Massachusetts legislature.

THE bill to enable the Boston Institute of Osteopathy to grant the degree of doctor of osteopathy has fortunately come to grief, and Boston is spared the odium its successful passage would assuredly have brought upon the community.

THE report of the Massachusetts State Board of Health is in favor of state manufacture of vaccine lymph. It is estimated that the cost of a laboratory for the purpose would be \$20,000, and the cost of running the same for a year, something over \$5,000.

A HEALTH FARM is planned by the Young Men's Christian Association six miles west of Denver, for the benefit of those, particularly the tuberculous, who might otherwise be unable to live in that State. A sanitary home, nourishing food, skilful medical attention, and an uplifting environment will be offered to young men. The prices to be charged will be within the reach of those of an average financial condition, and whenever possible, medical services are to be offset against such outdoor work as patients may be able to do.

FOR SALE. — A long-established homœopathic practice in a Vermont town will be given to the person buying residence at a fair valuation. Practice \$2,000 yearly. No competition. Easy terms. Address "Practice," care Otis Clapp & Son.

PAPERS or addresses on professional or other subjects will be written wholly or in part; books prepared for publication, and expert editing and proofreading done for members of the Profession. Address Dr. A. T. Lovering, 10 A Park Square, Boston, Mass.

# THE NEW ENGLAND MEDICAL GAZETTE

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No. 8.

AUGUST, 1902.

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## ORIGINAL COMMUNICATIONS.

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### THE SURGICAL CLINICS OF THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

SERVICE OF NATHANIEL W. EMERSON, M. D.

(For the Quarter ending March 31, 1902).

The service of the present year will receive brief mention only, merely as a matter of record. There was an abundance of interesting cases, but time and space both forbid any extended mention of them. While there were twenty-two more general cases than last year, there were thirty-eight more abdominal cases, aggregating sixty more cases than in 1901, and markedly increasing the proportion of abdominal cases. There were eight deaths, six among the abdominal and two among the general cases. Of these latter, one was not a surgical death, although the patient was sent in because of retention of urine. He was insane, however, as his mental derangement could not be attributed to his urinary condition by the experts on the brain who saw him, and no operation was attempted.

The other case was due to sepsis in an old case of urinary

fistula through the perineum. The patient was in a most wretched condition upon admission, and he died from sepsis which could not be controlled.

#### ABDOMINAL CASES.

Of the deaths among abdominal cases, two should not have occurred, and have not been satisfactorily explained.

The first was a case of cysts of both ovaries, the left side being very adherent and difficult to enucleate. The ovary on the right side was resected because of cysts, and the appendix was taken away, because it was in a condition of sub-acute inflammation and undoubtedly contributed to the general abdominal tenderness. But the case was not unusually difficult from the operator's standpoint. Yet the patient vomited most obstinately and persistently after the operation, and died on the fifth day. Examination of the seat of the operation showed no adequate explanation, and the abdominal cavity was free from sepsis. The tumor of the left side was closely adherent to the sigmoid flexure, and the greatest force was necessary to enucleate it. It is possible that this caused such an injury to the nerve supply of the bowel that paralysis resulted.

In the second unexplained case there was a large single gall stone entirely filling the distended gall bladder. When the incision through the abdominal wall was made, the gall bladder presented itself at the opening and almost protruded. It was without the slightest difficulty that the bladder was opened and the stone removed. No other stones could be found. The gall bladder was closed with a double row of catgut sutures, applied after the manner of the Lembert suture, and the abdomen was closed without drainage. The patient died in less than thirty-six hours. Examination of the abdomen showed no reason perceptible. There was no sign of sepsis, which, indeed, could not have been operative in so short a time, and the real cause of death was not determined. These conclusions were not arrived at by the writer,

but were the findings of the partial autopsies, at which he was not present.

Of the other four deaths, one was the case of a lad nine years old, with suppurative appendicitis. He could not be controlled, and before his peculiar condition could be determined, he was out of bed. He was a most difficult patient to care for, and by restraint alone could he be kept quiet. He died on the tenth day after operation.

This was the only death from appendicitis, of which there were fourteen suppurative cases, fourteen acute cases, eighteen intercurrent cases.

This consistently agrees with former published records.

A case of strangulated femoral hernia resulted fatally, but it was a neglected case when it came to us.

Also, there were two deaths in cases of carcinoma of the intestine. One was due to an inguinal colostomy where there was a complete obstruction from a secondary occurrence of the disease after a former resection of the bowel. Although the operation was simple and required only a short time, the patient never rallied and died a few hours later.

The other case was interesting because it was diagnosed as an appendicitis of a mildly acute form. On opening the abdomen the appendix was found inflamed, and it had undoubtedly caused the acute symptoms. But this was secondary to a carcinoma of the ilio-cæcal valve, which was nearly completely obstructive. This so involved the mesentery of the colon and mesenteric glands that it could not be extirpated, so an anastomosis was made between the ilium and colon, and the appendix removed. This latter detail was in no wise responsible for the fatal result, which occurred on the following day.

#### SUMMARY OF CASES.

**Total abdominal cases, 173.**

**Total abdominal operations, 160.**

**Deaths in abdominal cases, 6.**

- Percentage of deaths to operations, 3.75%.
  - Total general cases, 231.
  - Total general operations, 267.
  - Deaths in general cases, 2.
  - Percentage of deaths to cases, .87%.
  - Total of all cases, 404.
  - Total deaths, 8.
  - Percentage of deaths to total cases, 1.98%.
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### REPORT OF AN UNSUCCESSFUL CASE.

BY GRACE E. CROSS, M. D.

[Read before the Twentieth Century Medical Club.]

That profit often comes through failure is a well-known fact. In no profession is it truer than in our own. And while it does not flatter the physician's self-esteem to give his brethren the details of his defeat, yet I feel that he sometimes owes it to them, and to the possible future patient who may be similarly afflicted, to present as clearly as may be the picture of the enemy's attack, and to discuss with them the tactics of war. Accordingly I present to you the following report of an unsuccessful case.

The patient, Mrs. S., age 64 years, weight 240 lbs., presented a previous history of a severe bronchial "cold" for about two weeks, with some fever and thirst, anorexia and severe coughing spells. She had been in bed for a week by my advice, but had not been ill enough, so the family thought, to require constant attendance.

On Sunday morning, Feb. 9th, she was feeling well enough to think of going down stairs and was, in fact, preparing to dress when she was attacked by a most frightful chill. I was called immediately, and found the patient in a state of violent chill and collapse, with lips blue, eyes sunken, and in great terror and fear of death. Stimulants were given,

friction and heat applied to the body, aconite administered frequently, and in about twenty minutes after my arrival, the patient was comparatively comfortable.

The temperature at this time was slightly sub-normal and the pulse intermittent. Within an hour, the temperature had risen to  $102.5^{\circ}$ ; there was retching and violent vomiting of small quantities of greenish mucus, and continuous aggravating pain over the whole abdominal area, with general soreness, most marked in the left side.

The symptoms were very like the onset of pneumonia, and the previous violent cough being sufficient to account for the abdominal tenderness. I looked especially to the chest for ensuing symptoms. These did not occur. On the contrary, the thorax continued quite free from pain and physical signs throughout the day, and at 6 P. M. the temperature had dropped to  $100^{\circ}$ , the pulse however remaining at 120 and intermittent. The next day and the next, all symptoms grew more favorable, except the abdominal soreness and pain, which continued. At 6 P. M. of the third day, the temperature was  $98.4^{\circ}$ , pulse 88 and better in character, respiration 20, and the patient bright and cheerful.

I began to feel almost secure about the case, and went to make my morning call on the fourth day with a good deal of fullness of hope. While at the bedside, the patient was attacked with a second violent chill, in all respects resembling the first, temperature and pulse rising, vomiting and retching being severe, and greater mental and physical uneasiness ensuing than in the first instance. During the course of this day, the bowels having been quiescent for three days, there occurred six liquid discharges, brown and flocculent and separating upon standing. The same accompanied by great tenesmus. This second chill and fever was followed by copious perspiration, and a subsequent fall in the temperature and to a less degree in the pulse. Increase in number of respirations was at no time such as to be considered important.

From the fourth until the eleventh day, there was one violent chill in each twenty-four hours, preceded by general

malaise, great mental distress and a fall in the temperature to sub-normal, with intermittent pulse, and always followed successively by high temperature, perspiration, and decline in temperature.

After the second and subsequent chills there was great prostration and irritability, though at no time during the course of the disease was there complete loss of consciousness or delirium.

On the sixth day, I called Dr. J. P. Sutherland in consultation. The diagnosis was reserved, and the treatment which had been full milk diet, alcohol baths, plenty of fresh air, and arsenicum as a remedy, not materially changed. The daily chills continuing, I decided within a day or two to give quinine in appreciable doses, in which decision my consultant concurred.

The liquid stools, which began on the fourth day, gradually subsided up to the seventh day, after which there were daily movements, the feces being nearly normal in character, but accompanied by severe tenesmus and hemorrhoids. These symptoms were relieved by enemata and local applications.

On the twelfth and thirteenth day the chills, which had been growing less violent, did not appear, but one occurred on the fourteenth day at 6 P. M., after three days' intermission, which proved to be the last of the series.

I now had a strong hope that the case would progress favorably as the patient was taking, and apparently digesting and assimilating a good quantity of nourishment; was not perceptibly losing strength or flesh, and developed no new symptoms. But in spite of all, on the sixteenth day of the disease, the patient's temperature fell to sub-normal, the stupor became more constant, the strength began to decrease, and on the twenty-first day the patient passed away quite conscious and free from pain nearly to the end.

In addition to the chills and fever, and the left abdominal tenderness and pain which were the striking features of the case, there were the heavily furred, brown, trembling, indented typhoid tongue, becoming bright red and deeply cracked



during the second week, the sordes on the teeth and the rose spots on the abdomen and back. There was also a most distressing straining with every stool and at other times, caused apparently by the movement of flatus in the intestines.

One other thing may or may not have had to do with the case. There was a history of thrombosis of the right leg, occurring after pneumonia six years previously ; and though the chronic enlargement in the limb had been a good deal reduced by treatment, it was at the time of this attack, much larger than the other. About one week before death the limb became tense and shiny. It was at once wrapped in cotton wet with a stimulating lotion, and enveloped in oiled silk, and after a few days resumed its original condition.

I will state that within a few hours after death, the whole surface of the body became covered with large, irregular brownish patches and purplish spots. The expert embalmer of many years' experience, who was called in to assist the local undertaker, stated that he had never seen such a condition, and all measures failed to entirely remove the discoloration even from the face.

To review the case hastily — its striking features were the chills, fever, and perspiration ; the second chill developing on the fourth day and followed by daily paroxysms ; the malarial character of the two-hour chart, which closely resembles the triplex quartan model of Maunaberg, and the coincident pronounced typhoid symptoms, except the *left*-sidedness of the abdominal tenderness.

What is the diagnosis of this case ? The death certificate read "Intermittent Fever," which it certainly was. I should like to call it typho-malaria did not the books forbid. Careful examinations excluded lung, heart, and brain complications, and pelvic lesions, unless very obscure. What, then, should have been the diagnosis, and what consequently the treatment and prognosis ?

Some of our contemporaries hold that diagnosis is always not only unnecessary, but also superfluous, and that the hom-

œopathic materia medica, with its carefully worked-out symptomatology, is entirely adequate to cope with any curable case. Personally, I do not agree with these enthusiasts, and I cannot help feeling that, in this case, could a true diagnosis have been reached, a clue to the treatment might have been obtained far superior to any based upon the totality of symptoms, however skilfully prescribed, and possibly an added chance of recovery secured to the patient.

In all its imperfections of diagnosis and its final fatality, I leave this case in your hands, hoping that even if its especial problem be not solved, it may prove valuable as an incentive to a helpful discussion of typhoid, malaria, intermittent and kindred febrile conditions — their diagnosis and treatment.

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### PRESIDENTIAL ADDRESS.

BY J. EMMONS BRIGGS, M. D.

[Given before the Alumni Association, B. U. S. M., June 3, 1903.]

*Members of the Alumni Association of Boston University  
School of Medicine :*

I know of no more fitting time than the present in which to express to you my sincere thanks for the honor which you have conferred upon me in electing me your president for the year now ending. It has also given me much pleasure to serve the Association as a member of the executive committee, in which body all the matters pertaining to the work of the year has been duly considered. Never before have I served on a committee so deeply interested, where the attendance at the meetings has been so satisfactory, and where there has been such an unanimity of opinion and such equal division of labor. To each member of the committee your retiring president wishes to express his thanks and appreciation.

It is not my purpose this evening to deliver an address, but rather to give a brief history of the Association from the time of its organization to the present. There are many here who

know very little about the work which the Association has accomplished in the past. In reading over the records I have been impressed with the service which the Alumni Association has rendered its Alma Mater. It seems that a brief review might refresh the memories of those who served the society years ago and, at the same time, prove instructive to more recent graduates.

The Alumni Association of Boston University School of Medicine began its existence on May 1st, 1874, when there appeared upon the records of the Association the account of the first regular meeting. The preamble to the constitution follows: "We, the members of the first class of Boston University College of Medicine, desirous of keeping up our mutual relations for the benefit of the Medical Department of the above mentioned university, and for the pleasure and good we may derive therefrom, do organize ourselves into an association and agree to be governed by the following constitution and by-laws."

Article II. stipulated that all graduates from the College should be invited to become members of the Association. Article IV. declared that there should be no assessment, but an entrance fee of two (\$2) dollars. The society comprised five members: Doctors George F. Forbes, Levi T. Hayward, Jesse M. Coburn, Thomas M. Dillingham, and Sophronia Nichols. The officers elected at this meeting were as follows: George F. Forbes, president; Levi T. Hayward, Vice-President; Jesse M. Coburn Secretary and Treasurer. We find the report of the Treasurer at the end of the first year to be:

Cash received for membership . . . . .	\$10.00
Cash paid for printing, postage and record book . . . . .	11.00
Deficit . . . . .	<u>\$1.00</u>

These were the days of small things, yet the deficit in the current expenses began with the first year, and has often been the most annoying feature of an Association which has

otherwise been active and prosperous, and which, as I shall show later, has done much for the advancement of the interests of its Alma Mater.

In 1878 a revised constitution was adopted, in which article II. read: "Any graduate from this school shall receive a certificate of membership in the Association on payment of two dollars."

The co-operation of the Association with the college became apparent in 1879, when dissensions occurred among the faculty, and certain members withdrew therefrom, after which the Alumni Association passed the following resolution: "Resolved, That an expression of our respect for and confidence in the faculty of Boston University School of Medicine and satisfaction in its present management, together with our reprobation of interference therein by outside parties from selfish motives, be forwarded to the Secretary."

During this year a committee of five was appointed to visit the college and hear two or more lectures delivered by each professor, and to report to the Association the progress of the school and whether, in their opinion, any suggestion could be offered to the faculty on the part of the Alumni Association for the interests of the school. Thus, in 1879, a visiting committee was established, which idea is now perpetuated in the present standing committee of nine who have similar duties.

In 1883 article II. of the constitution was amended, and the entrance fee was reduced to \$1.00. It appears that for a number of years the society prospered with a cash balance in 1882 of \$39.67, in 1883 of \$73.82, and in 1884 of \$80.65.

In 1884 the convocation ballot was sent out for the first time. In this year, also, the President outlined a plan in which all graduates of Boston University School of Medicine were to become members of the Alumni Association without entrance fee or the payment of annual dues. He considered that the question of expense at the time of graduation when the student had exhausted his funds was the most important

factor in preventing the more general entrance into the Association. He proposed the establishment of a scholarship fund and annual contribution to the library or museum and recommended the establishment of a ways and means committee.

After abolishing all apparent means of raising money to meet the expenses of the Association, it was voted that 25 cents be added to the price of the dinner tickets in order to pay the expense of the Association.

As the ways and means committee had accomplished nothing during the two years of its existence, in 1887 a new ways and means committee was appointed, consisting of Horace Packard, chairman, A. H. Tompkins, S. E. Sherman, T. D. Leslie, W. S. Smith, F. L. Newton, and M. E. Mann. To this committee belongs the credit of the establishment of a scholarship fund for Boston University School of Medicine.

In 1888, the ways and means committee reported that the work of the committee had been the raising of money for the accumulation of a general fund for the establishment of a scholarship in the Boston University School of Medicine. Many substantial responses had been received in answer to the circular sent out, making the movement an assured success. The receipts for the year were \$547.00, with pledges for annual subscriptions in addition. This fund was made a loan fund for worthy students conditioned upon their paying the same to the college for tuition.

It will be seen that although funds were collected they were applied to a specific purpose, and, in the meanwhile, funds available for the running of the society had progressively diminished, and it became necessary to add the 25 cents to the dinner tickets in order to defray expenses.

So long as the ways and means committee continued its active solicitation money in small amounts came into the treasury of these several funds. It came about that whatever money there was contributed was toward either the scholarship or furnishing fund. Thus the college library has bene-

fitted to the extent of over \$300.00; the microscopical laboratory, \$250.00 for seven microscopes; and the course in operative surgery on the cadaver, \$80.00 for surgical instruments. From the scholarship fund numerous worthy students have received financial aid.

There remains in the scholarship fund at the present time \$2,136.37, and in the furnishing fund \$30.80. While the society has prospered and has accumulated funds for these worthy purposes,—scholarships and furnishing of laboratories,—it has for ten years been a bankrupt as far as paying its annual expenses are concerned, and kept alive by the generosity of its officers and especially interested alumni, who have from year to year contributed to overcome a constant deficit. In 1894 it was over \$75.00; in 1897, Dr. J. A. Rockwell, then president of the Association, generously liquidated all existing indebtedness, which amounted to several hundred dollars.

Various expedients have been from time to time resorted to in order to pay current expenses, such as the addition of 25 or 50 cents to the price of the dinner tickets. Since then numerous appeals to individuals have kept the deficit within bounds. A debt of \$190.00, which had been several years accumulating, was handed over to the present officers of the Association. This your executive committee covered by personal notes, and started upon a crusade to raise the amount.

With an Association which does not provide under its constitution any means for the raising of funds, no method presented itself to your committee by which the amount could be raised except by direct and personal appeal to the most loyal of the alumni. The committee appreciated when it determined upon this plan that it was but a repetition of the same methods adopted heretofore, to ask again and receive again from those who have invariably responded to appeals of a similar nature.

The expense this year has been over \$150.00, the outstanding indebtedness \$190.00. This amount has been contributed, and the Association is again free from debt. But

it cannot remain so with its annual expenses and absolutely no means of revenue. It was the opinion of your executive committee that some definite step should be taken so that the Association, as far as its running expenses are concerned, shall be made self-supporting.

Your committee first issued an appeal, which was sent to each alumnus of Boston University School of Medicine, and read as follows :

ALUMNI ASSOCIATION, B. U. S. M.

BOSTON, Oct. 1, 1901.

*Dear Alumnus :*

At the regular meeting of the Association held at Hotel Lenox, June 4, 1901, it was *voted* "that an Annual Contribution of \$1.00 be requested from each Alumnus.

This money is necessary :

- 1st. To meet annual expenses, which are about \$150.00.
- 2nd. To pay a debt which has been accumulating for some years, for which no funds have been available.
- 3d. To complete the Alumni Scholarship Fund.
- 4th. To further provide for the Furnishing Fund, from which the school has already derived much benefit.
- 5th. To increase the value and influence of the College paper, *The Medical Student*; to this end an Alumni Editor has been appointed.

The growing interest of the Alumni in the welfare of the College makes this an opportune time to show our loyalty to our Alma Mater.

You are earnestly requested to forward at once to the Treasurer, Herbert D. Boyd, M. D., 370 Columbus Avenue, Boston, the amount asked.

J. EMMONS BRIGGS, M. D., *President*.

DAVID W. WELLS, M. D., *Secretary*.

As the amount received in response to this appeal was entirely inadequate to wipe out the deficit, personal appeals were made to alumni for contributions of \$5.00, with again a most generous response, so that the amount has been given and the Association is free from debt.

At the last annual meeting which was held at Hotel Lenox June 4th, 1901, you voted that the Association take out a charter of incorporation that it may be in a position to acquire and hold funds. The details of incorporation were left to the executive committee. In order to proceed to incorporation your committee, after consulting with an attorney, came to the conclusion that it would be absolutely necessary to revise the constitution, the present one not being at all adapted to an incorporated body. Dr. Arthur P. Gay, an alumnus of this school, has had many conferences with the executive committee, and has with much pains prepared the constitution which you have this evening adopted.

Its most striking features are: 1st, annual assessment of \$1.00; 2nd, the establishment of a Board of Directors; 3d, voting for officers by ballots cast before the annual meeting and sent to the Secretary by mail (same method now in vogue in the Massachusetts Homœopathic Medical Society and Massachusetts Surgical and Gynæcological Society); 4th, the faculty of Boston University School of Medicine to be honorary members of the Alumni Association.

The question which is of paramount importance is in relation to the future prosperity of the Alumni Association under the new constitution which you have this evening adopted. Certain predictions can safely be made; to prognosticate upon other features will be uncertain.

1. Annual Assessments: We can safely affirm that the active membership, which remains as it is for two years to come, will at the expiration of that period experience a marked diminution. Here will be an excellent opportunity for the officers of the Association to put in some hard work in order that the membership may be as large as possible. Without any special exertion we can, I feel sure, have an active membership of 150; with a thoroughly alive and interested executive committee it would not be too much to expect that 250 alumni would permanently identify themselves with this Association.



We would lose, it is true, about 500 of our graduates, whom we would gladly retain did they manifest any visible interest in the school or the Alumni Association. If they still loyally support and sympathize with the college they will, without doubt, have abundant opportunity to assist their Alma Mater.

This change in the constitution ought to have no influence in estranging them from the college. They are still alumni of the Boston University School of Medicine, with all the privileges and interests as heretofore, except that they will have no voice in the proceedings of the Alumni Association. They, as alumni, will receive invitations to the Alumni Banquet, and will always be welcomed thereat. They will receive and vote (some of them) the Convocation Ballot, but hereafter will have no vote in the business meeting of the Alumni Association. Those who will be affected by this change will, in my opinion, be found among those who have not improved the franchise in the years that have passed.

Certain theoretical objections pertain to the idea of having annual assessments in an Alumni Association. These your executive committee have considered. It may be argued that our larger Universities,—Harvard, Yale, etc.,—have no such provision. This we admit, but they provide for the future in a manner absolutely impossible for us to consider.

2. The Board of Directors: The new incorporation combines the duties which in the old Association were in the hands of the executive committee and the ways and means committee. There will be no objection, however, to the continuance of the latter or any other committees which the society or executive committee may vote.

3. Voting by Mail previous to the Annual Meeting: There can be no doubt concerning the equity and expediency of this provision. The ballots will be sent to each member of the Association, and members residing at a distance will have the privilege of the ballot, a right which heretofore they have been denied. This plan has worked admirably in our Medical Societies where it has been adopted, and has mate-

rially enhanced the interest of those who reside at a distance and are unable to attend the meetings. We hope for the same result in this Association.

4. The Faculty to become Honorary Members: As the objects of this Association are to promote social and friendly relations among the Alumni of Boston University School of Medicine, and to co-operate with its Faculty in advancing the cause and maintaining a high standard of medical education, it has seemed to your executive committee that this step should be taken.

The faculty is composed of fifty-eight instructors; of these forty are graduates of the Boston University School of Medicine. Of the eighteen who were graduated elsewhere, seven were practicing physicians before this school was incorporated; four are laymen. It will therefore be seen that this change in the by-laws will add only seven physicians to the Alumni Association, and those as honorary members.

In closing, I wish to emphasize as forcibly as in my power this, the object of the Association. It is not expected that the graduates of a professional school will ever be linked as closely to their Alma Mater as is the case in academic institutions where large bodies of students are domiciled in a college campus, where community of interests and especially of pleasure, the pursuit of which is favored by a less arduous life, indissolubly cements bonds of loyalty to each other and their Alma Mater. What medical school has ever inspired a song like "Fair Harvard," or "Here's to Good Old Yale?"

Life in the medical school is too strenuous, the mind too definitely set upon the goal, the whole subject too serious for the cultivation of enduring attachments to either friends or institution. It is more one long, hard struggle for the fitting of one's self for a serious life work, than for those jollities of comradeship which last in the memory forever. It is the good times that we have that endear us to each other and our surroundings rather than the struggles of life. The aged alumnus of Harvard or Yale comes back to reunions as to

the fountain of perpetual youth, and drinking deeply therefrom of the memories of the past is refreshed and made young again. Not so with the medical graduate. He may acknowledge the benefits which his school has bestowed, may be gratefully appreciative of her welfare, but never rejuvenated and rarely enthused.

We formed ties in the Boston University School of Medicine which will never be broken, friendships which will last, admiration and respect for professors and instructors which endures, affection for our beloved Dean Sutherland, which, although we live a thousand years, will never die. These are the ties which bind us to our Alma Mater and keep her memory perpetually green.

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## TINCTURES OR "FLUIDS" — WHICH?

BY JOHN M. WYBORN, F. C. S.,

(London, England.)

A recent writer in *The Hahnemannian Monthly* (Edward A. Bender, Ph. G., Philadelphia), discredits the "almost superstitious belief in the superior efficacy of the old pharmaceutic products," including, of course, fresh-plant tinctures. "At present," he asserts, "the tendency on the part of leading therapists is towards the use of alkaloids, active principles, rather than continued use of the inexact, often faulty, solutions of the drug."

The "new class of liquid preparations called fluids" are the ideal representatives of the vegetable drug, not the green-drug tinctures; so he would have us infer. These "fluids" are solutions of dried plants in 95 per cent. alcohol, in the proportion of one part of the plant to two parts of alcohol.

Dr. So-and-So "tells" him that a tincture of digitalis prepared according to the method of the homœopathic pharmacopœia, is utterly unreliable when given for its physiological effect; and in the case of gelsemium, Messrs. So-and-So,

themselves manufacturers of a green-drug tincture (and, it may be added, specialists in the preparation of the new fluids), made a careful investigation into the matter, and it was proven to their satisfaction that a preparation made from the dried drug was not only quite as active, but was more uniform in its strength and results.

Are these statements entirely borne out by the facts? Let us first take a familiar example of a drug universally employed in the dry state, though as a seed, possessing the vital germ, with its albumen and other ingredients, provided for its sustenance, unimpaired.

The fluid (liquid) extract of *nux vomica* prepared as directed in the British Pharmacopœia, 1898, will yield, without the shadow of a doubt, when submitted to chemical action, 1.5 gramme of strychnine from each 100 cc. of liquid at 15° 5 c., showing that one gramme is dissolved in, or is obtainable from 67 cc.

Now let us try and re-dissolve this strychnine in cold alcohol of any strength. We shall find that 67 cc. are utterly incapable of effecting the solution of one gramme, and according to Squire, its solubility will be 1 in 160 of alcohol, 90 p. c.; about 1 in 400 of alcohol, 60 p. c.; 1 in 300 of absolute alcohol.

Hence, it is clear that the strychnine did not exist as such, or uncombined, in the fluid extract. Other substances must have been united with it to render it soluble to the extent of 1 in 67.

In the case of bitter almonds, or the fresh leaves of cherry laurel, similar combinations exist, and it is only by means of heat or chemical action that prussic acid, their supposed active principle, can be separated from them. It would be easy to separate hydrochloric acid by similar chemical means from salt beef, and as well might this acid be declared to contain the virtues of that article of food.

Such being the case we may fairly infer that the medicinal action of the active principles supposed to represent the pro-

perties of the seeds of *nux vomica* and of other trees, varies in a corresponding degree, when thus artificially obtained, from that of the natural group from which they are extracted.

So much for the alkaloids as representatives of the drugs they are derived from.

It is, however, between fresh living plants and their dead and dried substitutes that the difference becomes most marked. In the animal organism, the formation of cadaveric alkaloids and poisonous albumose quickly follows death, and it is, therefore, not surprising that similar changes, and the loss of volatile acids and active ingredients, should occur after death and during the drying of the fleshy roots, stems, etc., of plants.

To cite only one instance,—that of the genus *anemone*, including *pulsatilla*.

Beckhurts (*Chem. Centr.*, 1885, 776-778, and *Arch. Pharm.* 230, 182-206), has shown that several species of *anemone* owe their acrid taste to the presence of *anemone-camphor*, which has a powerful irritating odor and a vesicant action.

This readily decomposes during the drying of the plant into *anemonin* (*anemonic anhydride*) and *isoanemonic acid*, the latter being insoluble in water, alcohol and ether. To this decomposition he ascribes the loss of acidity in the plant when kept, and in the pharmaceutical preparations of *pulsatilla*. Other volatile constituents of the plants were obtained, which, when recovered from the distillate, took the forms of *anemonic* and *anemoninic acids*. The experience of those who have carefully studied and compared the results obtained respectively from the fresh-plant and dried-plant tinctures of *pulsatilla* tallies with these researches of Beckhurts, and were it necessary to multiply instances of the kind, numerous examples are available.

The question for the homœopathic physician must always be—not "What is the most active and definite preparation?" but—"What is the best representative of the substance used in the proving which yielded certain groups of symptoms?"

It has been evidently shown that this is not usually the alkaloid, "fluid," or dried-plant tincture in cases where the fresh living plant or its essence or fresh-plant tincture has been so employed.

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## EDITORIALLY SPEAKING.

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Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be *typewritten if possible*. To obtain insertion the following month, reports of societies and personal items *must be received by the 10th of the month preceding*.

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### SPITTING AS A MENACE TO HEALTH.

When, comparatively recently, the subject of promiscuous spitting as a menace to health began to be agitated, the extremist rejoiced exceedingly. On the one hand he "pooh-poohed" the whole matter as of trifling importance, insignificant to the verge of absurdity; or, if contrary-minded, he seriously affirmed that disability or death awaited an appallingly large proportion of the population, through the germ-laden sputa deposited so freely in public buildings and streets.

While all will admit that the extremist is not a person to be taken too seriously, all will at the same time grant that he is a really valuable member of society. For where the extremist is there is no apathy, and apathy is more fatal to progress than misdirected or excessive activity.

His work, however, is not ours and concerns us but indirectly, merely to the extent, indeed, of renewedly impressing upon our minds the fact that every new problem or question should be considered on its merits without prejudice; that none should be cavalierly dismissed as unworthy of attention; that no sweeping assertions should be made, no line of conduct adopted incapable of adequate justification and support. Whatever our own habits of thought and deed may be we

acknowledge with secret satisfaction that, in the long run, it is the man who is intelligently impartial and temperate, as well as sincere and forceful, whose influence is most convincing and compelling with men and women mentally, morally, and socially competent to advantageously control and direct public opinion and action.

Spitting as a menace to health is a subject which, while it should not be given undue prominence, most certainly should not be ignored.

If spitting is or may be a common cause of disease, all the more should the question be constantly brought to the attention of the profession and the laity. That the majority are already familiar with the facts of the case is no contraindication for renewedly presenting them ; the reiteration of truth, the reduplication of impressions seems to be essential to the securing of desired results.

The identification and isolation of various bacilli causative of disease is now engaging the attention of a host of pathologists, and these scientists have already verified the truth of beliefs long entertained, that many diseases are dependent upon the unchecked development in the human system of germs received through infected air, food, water, etc. The infection of these media by germ-laden sputa is readily demonstrable, though probably such infection is most frequently transmitted by the air.

The *Charlotte Medical Journal* is editorially responsible for the statement that one person in every one hundred and twenty-five is daily expectorating tubercle bacilli. The expectorated matter may, and generally does, become dried, and in the form of "tuberulous dust," as the *British Lancet* calls it, is wafted into the air to be inhaled or, in not exceptional instances, to be deposited upon the fruit, vegetables and meats so freely exposed to the atmosphere in our cities and towns. This expectorated matter infected not alone by the tubercle bacillus, but capable, it is claimed, of transmitting in all some twenty-five different diseases, may be carried

by the common house-fly to the food upon our tables, or our boots or garments may bring any or all of these germs within our house, while pet dogs and cats may also be carriers of disease in this form.

Dr. Bourdet G. Hannum, of Cleveland, in the Spring of 1901, made a bacteriologic examination of many specimens of sputa collected at random from sidewalks, street-cars, theatre and hotel lobbies, and the entrances to public buildings. The result of his commendable work showed that out of fifty specimens taken from sidewalks, six contained tubercle bacilli; fifteen, the pneumococcus, and seven, the *bacillus influenzae*. The others contained numerous varieties of pathogenic and nonpathogenic micro-organisms. Of twenty-five specimens collected from street-cars, three contained tubercle bacilli, and several of the others pneumococci and *bacillus influenzae*, etc. Twenty-five specimens were collected from the lobbies of two of the prominent theatres and hotels, and the entrances of three public buildings. Two of these contained tubercle bacilli. The others contained pneumococci, *bacillus influenzae*, and other pus organisms. Of the 103 specimens examined, it will be seen, that eleven, or 10.6 per cent. of the number contained tubercle bacilli.\*

There is no reason to suppose that examinations of specimens of sputa similarly collected in our Eastern cities, would reveal results differing materially in their significance, whatever the variations in the proportions might be. The above are facts; simple, convincing, Gradgrind facts. Promiscuous spitting is evidently everywhere and always a possible — shall we say a probable? — menace to health.

We leave it to others to urge that civilization in forbidding the deposition at will in public places and thoroughfares of other bodily excretions, and in enforcing the prohibition, is singularly remiss in placing little or no restraint upon the deposition of filth in this form. We leave it to others to comment upon a national custom which unenviably distin-

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\*THE CLEVELAND MEDICAL JOURNAL, February, 1902.



guishes us among other civilized nations ; for anyone can "call names," generally with the unprofitable result of evoking retaliation in kind. We leave it to others to emphasize, and to make the most of the plea for the spitter of a constitutional dyscrasia, congested mucous membranes, chronic diseases of the respiratory passages. And the user of tobacco belongs, as a spitter, in a class by himself. But we believe the majority of thinking people will agree that spitting is but a question of habit in an extremely large proportion of cases. Women wage earners, equally exposed with men to climatic influences and catarrhal diseases of the nose and throat, do not spit in the streets or in other public places ; but most men do, and all small boys apparently follow their example.

We now have ordinances in four-fifths of the cities of the United States, prohibiting spitting on the sidewalks, floors of street cars, and in public buildings. How shall we secure their enforcement ? How, in a word, prevent the deposition of germ-laden filth in the form of sputa, where it may prove a menace to health ?

Dr. Herbert W. Clapp, our eminent authority upon tuberculosis, in the *Journal of Tuberculosis* for April, 1901, in discussing the question "Can Tuberculosis be Exterminated ?" says, "Will not always some American citizens, so fond of liberty, claim the privilege of spitting just when and where they please, regardless of their own good or that of others ?" Doubtless some will, but their number may be appreciably lessened if every man and woman in our ranks will unceasingly teach the danger attending indulgence in this prevailing habit. Dr. Clapp adds : "Human nature being as it is, the difficulties in the way of the complete suppression, not only of the grosser wickedness of mankind, but also of many lesser foibles and short comings, are gigantic indeed ; and yet where is the moralist who would bid us give up this battle ?" Where, indeed. Where is the public spirited citizen, moralist or not, and without our special

opportunities for combatting the evil in question, who would not aid in lessening the number of those who ignorantly and carelessly deposit sputa in public places? If this is true of the average citizen, with but the average knowledge of such subjects, it should be true to a greater extent of physicians who are qualified to be educators of individuals and directors of public opinion in all matters pertaining to the health of the people. It is not a question of depriving those who think they must frequently expectorate of the opportunity of doing so, but a question of teaching them by example and by rational instruction to refrain from doing aught that will militate against the well-being of the community.

A. T. L.

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### THE HUGHES MEMORIAL FUND.

The accompanying notice has been sent to us with the request that we give it a place in the *GAZETTE* editorially. This we are most glad to do. Remembering the inestimable services to homœopathy rendered by our late distinguished colleague, Dr. Richard Hughes, it seems to us that there must be a very large number among the profession who will be glad of this opportunity to testify to the esteem in which they held him, and at the same time practically benefit his widow and children.

The above-mentioned notice reads as follows :

"At the last meeting of the American Institute of Homœopathy it was announced that a memorial fund was to be raised for the family of the late Dr. Richard Hughes. Dr. J. H. McClelland, of Pittsburg, was appointed to take charge. There has been already subscribed \$750.00; additions to the subscription should at least reach \$1,000. Contributions may be sent to Dr. J. H. McClelland, Fifth and Wilkins Aves., Pittsburg, Pa. Let the response be sincere and at once."

ERRATUM.—We regret that a typographical error in the July GAZETTE, on page 311, sixth line from the bottom, caused the substitution of the word “professors” for “profession,” thus giving the erroneous impression that the writer would have services to young practitioners, which it is manifestly the duty of the profession as a whole to render, performed only by the professors in our colleges.

These men are frequently the ones who are the most and not the least thoughtful and kind in assisting the young physician, and any undue insistence upon their obligations in this respect was as unintentional as the oversight which may have conveyed such an impression.

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## SOCIETY REPORTS.

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### OPHTHALMOLOGICAL, OTOLOGICAL, AND LARYNGOLOGICAL SOCIETY.

#### REPORT OF THE COMMITTEE ON THE TEST-PROVING.

*Mr. President and Fellow Members:*

The following report is made on behalf of the Committee having in charge the test-proving which is being made under the auspices of this Society.

It will be remembered that immediately after the first report of this Committee was submitted, at our last meeting, a donation of \$50.00 was made by Dr. A. B. Norton, as editor of the Homœopathic Eye, Ear and Throat Journal, towards meeting the general expenses of this proving. Two days after our Society adjourned, our parent Society, the American Institute of Homœopathy, took up the matter of our proving, and extended to us not only its hearty endorsement but also aid of the most practical and substantial sort, in accordance with the following unanimous vote: “That a Committee of three be appointed by the Chair to co-operate with the Amer-

ican Homœopathic Ophthalmological, Otological, and Laryngological Society in carrying out the test-proving which that Society has undertaken; and that the sum of \$300.00 be appropriated from our treasury and placed at the disposal of the general director of that proving, to be used in defraying the expenses incurred."

With funds thus provided, the more practical work of preparation was begun. Arrangements were made for an ample supply of the tincture of the drug which was to be proved. This was duly prepared in strict accordance with the directions contained in the Pharmacopeia of the American Institute of Homœopathy. It was received under seal from the maker, and was submitted for assay to Prof. Wilbur L. Saville, of the Massachusetts College of Pharmacy. His report places the question of its purity beyond doubt, and establishes the exact strength of the preparation which we are using.

In order to secure uniformity in the results of the proving in various cities, and also to secure such classification of results that they may be readily and accurately collated when received, the next task was to prepare a concise set of directions for the use of the local directors, and a complete set of blank forms for the use of the special examiners upon the various Boards. Such a complete set is on exhibition in the hands of Dr. Swan, and may be examined by you at any time during our meeting. It consists of fourteen distinct parts or fascicles—one for each examiner. For each prover a separate set of forms is provided, and this admits of a satisfactory grouping and permanent classification and preservation in future, so that at any time these records will be available for the study or verification of the symptoms obtained. It was only after many weeks of earnest work, and many consultations on the part of our colleagues, that the material for these forms was provided. After this, it was no small labor to cast each part in definite arrangement for printing. Each set of forms contains 108 printed pages, in addition to the blank sheets interleaved. To save expense this printing was entirely

done by the mimeograph process, in a room adjoining your director's office, and under his personal supervision at all times. The best idea of this part of the work will be conveyed by the statement that 18,000 sheets of paper were used in the preparation of these sets of examiner's forms. Upon their completion a full sample set was forwarded to each of the local directors of the proving in New York, Brooklyn, Chicago, Philadelphia, St. Louis, Boston, Baltimore, Cincinnati, Buffalo, Cleveland, Detroit and Washington ; also one to Dr. W. A. Dewey, of Ann Arbor, the Chairman of the Co-operating Committee of the American Institute, another to Dr. Geo. Royal, of Des Moines, the second member of the Institute Committee,—the third member being Dr. J. B. Gregg Custis, our local director in Washington. Dr. Royal subsequently organized a Proving Board at Iowa City, and himself became its director, and has done most efficient service. Finally, a set of forms was forwarded to the Professor of Materia Medica at San Francisco, and one to Dr. H. W. Hoyt, of Rochester, who is actively engaged in the formation of a Proving Board among the staff-officers of the hospital in that city. In all, sixteen sample sets of the examiners' forms were thus distributed.

In response, requisitions for sets for actual proving were received from New York, Brooklyn, Philadelphia, St. Louis, Boston, Cleveland and Iowa City,—in all, seventy full sets being thus supplied to seven Boards. The latest returns from the directors of these Boards show twenty-five provings actually carried through and completed in accordance with the plan, five incomplete provings which were abandoned at various stages, but which will yield a few symptoms, and seven provings still in progress at the present time. The balance of the seventy sets requisitioned represents disappointments, and the cause of the disappointment is the dependence of some directors upon the promises of unpaid volunteer students. When it was found by these students that so much time was required for the special examinations they simply withdrew. This result was hastened by the at-

titude of some of the examiners themselves, who required the students to present themselves for their tests in office hours and await their turn. Instances were reported to me where students were kept waiting in this way for two hours or more. This is surely an injustice to the prover and also to the other special examiners, whose arrangements are thus completely overthrown. The whole matter of disappointment from student provers comes back to the plain assertion made in the original statement of our plan of proving, that students are *not available* as provers while they are in attendance upon their lectures and college work. The disappointments thus far experienced amount simply to many demonstrations of facts which were plainly stated at the outset, and are in no sense surprises. Another fact which has been demonstrated is, that unless provers are receiving payment their sense of responsibility is very light, and their agreements are very easily set aside. To the average person even a small payment carries with it the sense of a contract and makes his engagements seem more binding. The importance of the examiners seeing the provers by appointment, instead of keeping them waiting during office hours, is also practically demonstrated. The whole proving lasts but three weeks; the routine examinations occur but once, twice or three times a week, and require, on an average, but three or four minutes each. A little effort on the part of the examiner to reach his office, on certain days, a half-hour in advance of his usual office hours, or to set aside a half-hour for this purpose in the course of the day, outside of office hours, is all that is required, and this surely is not too much to ask of the busiest man in such a cause. When this course has been followed, when the provers have been paid, and when they are not students in active attendance upon college courses, the work has, in all reported instances, gone smoothly, and the results have been all that were anticipated.

And now as to these results. I can not do better than to submit the report of our local director in Boston, Dr. E. P. Colby :

"June 10th, 1902. The first series of proving in this district having been completed, I think the following brief summary may be of interest. Five provers were employed, including both sexes, and the plan laid out in the prospectus was followed as rigidly as possible. For manifest reasons I will say nothing of the dosage. There resulted 125 well-established symptoms, of which 65 were subjective and 60 objective. Of the objective symptoms at least one-half would not have been detected had it not been for the routine examinations of the specialist examiners, as they produced no subjective symptoms leading to their recognition by the prover. Divided among the examiners the list of symptoms is as follows :

	Objective.	Subjective.	Total.
Director (general) . . . .	3	37	40
Eyes . . . . .	6	2	8
Ears . . . . .	14	13	27
Nose and Throat . . . .	6	7	13
Skin . . . . .	0	2	2
Genito-Urin., Female . .	1	1	2
Urine . . . . .	11	0	11
Nervous System . . . .	4	3	7
Physiological Tests . . .	12	0	12
Blood Examination . . .	3	0	3

The manner in which several of the symptoms were duplicated (or more than duplicated) leads one to look upon the record as one of great value."

The idea is held by some of our colleagues, who are working with us upon this proving (and is doubtless held by many more who as yet have not actively joined the work), that the examination of the provers by one competent man who directs the proving is sufficient, and would save much time, trouble and expense to all concerned,—the provers being referred by the director to the special examiners for the verification and further testing of special symptoms when they actually arise. To those holding these views the following statement is made in addition to the comment of Dr. Colby. In the course of the routine examination of the ears in the Boston provings

just reported, there were noted, on two successive dates, eighteen symptoms of great practical value, a good proportion of these being objective symptoms of the plainest possible description. Here was an opportunity for a practical test, and with this end in view, the records made by the director upon the two dates referred to were carefully examined to ascertain how many of these symptoms had been noted by him. They were found to be absolutely blank as regards the ears upon both dates. No statement whatever of their condition had been made to him, and his questions had elicited none,—and a more careful questioner is not engaged anywhere in this work. In other words, but for the plan of routine examinations by the special examiner, which is characterized as unnecessary, every one of these valuable symptoms would have been lost.

There is one direction in which the plan upon which we are working can be still further strengthened and its scientific character developed; that is, to institute a series of experiments to determine whether the drug whose action we are testing is capable of producing changes in animal organs and tissues and, if so, to ascertain and record the exact extent and nature of these changes. It is a pleasure to announce that definite arrangements for a series of experiments of this nature have been concluded, and that if characteristic tissue changes are demonstrated they will be recorded and their publication made possible by means of microphotography. The colleague who has so kindly consented to carry out this important work is Dr. S. C. Fuller, the Pathologist of the Westborough Insane Hospital, in Massachusetts, and the experiments will be conducted in the laboratory of that Institution.

And now, a word as to the future: This test proving is going right on. Some of our Boards which have as yet done no work are raising money, which in some places has been given generously by State and local societies and by individuals, and are perfecting their organization and getting ready to begin provings in the Fall. They will profit by the expe-



riences of the Boards, which have already begun the work. These older Boards, our pioneers, by virtue of these same experiences, are in position to give us more provings of much greater value than the first undertaken. The result is going to be a success which will many times repay all the labor and vexation and self-sacrifice of the friends of this movement, who have given it such earnest and such able support.

It only remains, Mr. President, to ask more time for this Committee in which to complete its work, and to suggest that since all the results may be in hand before we meet again it may be wise, at this time, to make some provision for their publication.

Respectfully submitted,

HOWARD P. BELLOWS, M. D.,

June 16, 1902.

*General Director.*

After this report was received the following motion was made by Dr. W. R. King, of Washington, and carried by unanimous vote of the Society.

Moved:—That the General Director of our test-proving be authorized to publish the results of this proving as soon as they are complete, the publication to be issued in the name of this Society. Also that he be authorized to send a presentation copy of this publication to the editor of every Homœopathic Journal in this country and abroad, and to advertise it in any manner which is customary. Also, that the price of this publication be fixed, as nearly as may be, with reference to covering the actual expense incurred. Also, that any deficit that may remain on account of this publication shall be made good by this Society to the amount of \$100.00, and that any profits which may accrue therefrom shall be appropriated by this Society to the advancement of drug-proving.

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SLIGHTLY MIXED.—An English health officer recently received the following note from one of the residents of his district: "Dear sir: I beg to tell you that my child, aged eight months, is suffering from an attack of measles as required by Act of Parliament."—*Exchange.*

BOOKS AND READING.

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Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked **NEW ENGLAND MEDICAL GAZETTE**, and sent to the publishers, Otis Clapp & Son, 10 Park Square, Boston.

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**A MANUAL OF OTOTOLOGY.** By Gorham Bacon, A. B., M. D., Professor of Otology in Cornell University Medical College, New York, etc. With an Introductory Chapter. By Clarence John Blake, M. D., Professor of Otology in Harvard University. Third Edition. Illus. New York and Philadelphia: Lea Bros. & Co. pp. 425. Price, cloth, \$2.25 *net*.

Although the term edition is an elastic one, and capable of meaning anything from five-hundred copies of a book upward, we think that the publication of three editions of any medical work within less than four years, as in the present instance, is reasonably good evidence of professional endorsement.

"Bacon's Otology" is certainly a practical and well-written treatise. It is one of the manuals most highly recommended to students at Boston University School of Medicine, and is used at many other leading colleges. Considering the large number of ear cases that come to the general practitioner, and the cases in which ear complications exist, it is not too much to say that a far better knowledge of otology is demanded than the average physician possesses. A single illustration will emphasize this, viz.: that twenty-seven per cent. of deaf-mutism in the United States is estimated as due to suppurative middle-ear diseases in childhood. Doubtless this result, in a large proportion of these, is avoidable. It is an extremely common happening for the aurist to receive cases which have been over treated, or treated unskilfully by the general practitioner.

The assignment of more time to the study of Otology both in courses for undergraduates and graduates, would materially prevent such unfortunate occurrences, Although no reading can take the place of personal instruction and individual observation, yet books like Dr. Bacon's are indispensable for the student and the physician alike. The book in question treats succinctly of all the diseases and injuries of the ear and of many complications, and is illustrated by reproductions of photographs of cases and pathological specimens, and by several page plates.

**PRACTICAL DIETETICS WITH SPECIAL REFERENCE TO DIET IN DISEASE.** By W. Gilbert Thompson, M. D., Professor of Medicine in the Cornell University Medical College in New York City, etc. New York: D. Appleton & Co. 1902. pp. 828. Price, cloth, \$5.00.

We are told by those in the book trade that "Thompson's Dietetics" is a good "seller." It is claimed that it is practical, comprehensive and reliable; that there are few books in its class, and none that cover more ground. Careful examination shows these claims to be justified, for it is a carefully and intelligently written book. There has been a great deal of good work put into it.

Its scope will be seen by glancing at the enumeration of the subjects written up in detail: composition and classes of foods; food preparations and values; stimulants; beverages; condiments; cooking, food preparation, preservation and quantity required; starvation and inanition; foods as related to age, weight, sex, climate; food digestion; diseases caused by insufficient, improper, adulterated or poisoned foods; alcohol poisoning; preparation, selection and administration of foods for the sick; appropriate diet for various diseases (all mentioned in detail), diet in surgical cases, in the puerperal state; the feeding of infants and young children; rations; receipts.

The above are not the exact headings of the different sections, but well indicate what the reader will find. This work is particularly interesting in view of the attitude now taken by both the profession and the laity, as to the need of a well-balanced diet in order to preserve health, to offset tissue waste and degeneration, to restore the equilibrium of the body and increase individual resistance to disease. The facts it contains are within the grasp of any intelligent man or woman, and a large number of them should be widely known and taught in the school and the home, though the work as a whole is sufficiently exhaustive for a college text-book, or a guide for hospital authorities.

**THE CRAFTSMAN.** Eastwood, New York: The United Crafts. Price, \$2.00 a year, payable in advance; 20 cents a copy.

The July number of this thoroughly satisfactory monthly publication contained papers treating specifically of means by which our cities may be beautified, and the life of the people, as a whole, up-

lifted and broadened by a truer conception of what constitutes art, and how artistic conceptions may find practical expression. Beauty in our cities is educative, and we have in the majority of them too little of art forms of sterling merit. Municipal art need not conflict with commercial interests, and if both are fostered and made subservient to the moral and physical health of the community, the general prosperity will be appreciably increased. It is well that we should all familiarize ourselves with these questions relating to public welfare and growth.

The articles in "The Craftsman" are simple, authoritative and to the point. The trend of thought in the August number is in line with that of the July issue, similarly insisting upon the educative value of art, and emphasizing simplicity as an element most necessary in its development.

**THE ECLECTIC PRACTICE IN DISEASES OF CHILDREN.** By William Nelson Mundy, M. D., formerly Professor of Physical Diagnosis, Hygiene and Clinical Diseases of Children in the Eclectic Medical Institute, Cincinnati, O., etc. Cincinnati: The Scudder Brothers Co. 1902. pp. 631. Price, cloth, \$2.50 *net*.

Intended equally for students and practitioners of medicine, this book is pre-eminently adapted to the needs of the followers of the Eclectic system. The first eighty-nine pages deal with infantile therapeutics, while the remainder of the book gives the author's views on the care and management of infants, and the diseases of childhood. This is not the first edition, therefore this manual has had the benefit of thorough revision. Much matter has been rewritten and rearranged, and whole chapters, containing important new material, have been added.

While the therapy seems to us wholly inadequate, and the differentiation of remedies sketchy and misleading in many instances, we find much in the pages on prophylaxis to commend. Frequent practical instruction on general and hygienic treatment also is given and as so much depends upon the intelligent care of the sick child, young physicians will be greatly aided by the suggestions given by Dr. Mundy.

The publishers have issued this volume in the form of a compact duodecimo, attractively bound in black cloth.

**THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS.** VOL. VI, GENERAL MEDICINE. Edited by Frank Billings, M. S., M. D., Head of the Medical Department and Dean of the Faculty of Rush Medical College, Chicago. With the collaboration of S. C. Stanton, M. D. May, 1902. Chicago: The Year Book Publishers. pp. 271. Price, \$1.50.

This series for the year will comprise ten volumes. Of these the first, as well as the sixth, is devoted to general medicine. But the first treats of diseases of the respiratory and circulatory organs; of general infectious and constitutional diseases; of diseases of the blood, ductless glands, kidneys, etc.—while the sixth gives the gist of the present knowledge of typhoid fever; malaria; yellow fever; dysentery; peritonitis; diseases of the liver and of the pancreas; diseases of the esophagus, stomach and intestines; trichinosis; filariasis; actinomycosis; glanders; mumps; sunstroke.

Thus we have two volumes upon medicine in general, containing extracts culled from the best of current medical literature. No one who purchases the series at the reasonable rate of \$7.50 can remain ignorant of the noteworthy contributions to science, weekly and monthly being reported in the United States, in England, Germany, France, and other civilized countries.

**THE OUTLOOK.** New York: The Outlook Company. Price, \$3.00 a year, payable in advance; 10 cents a copy.

Several numbers of "The Outlook" have recently drifted to the editorial sanctum, and there have met with cordial appreciation. "The Outlook" is a weekly newspaper and an illustrated monthly magazine in one, published in convenient magazine form. It contains each week the gist of all the important news of doings political, educational, industrial, etc., and abounds in short articles on live topics of the day. George Kennan is now sending "The Outlook" matchless articles on "The Tragedy of Pelée."

The first issue each month is generously illustrated, and the number of pages is doubled. To read "The Outlook" is to keep in touch with the world's work and progress.

## THE SPECIALIST.

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Under this heading will appear each month items bearing upon some special department of medicine: this month "Pediatrics," next month "Diseases of the Genito-Urinary System," and "Diseases of the Skin."

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**THE IDEAL BABY FOOD.** — Mother's milk is the ideal baby food. It has qualities absolutely essential to successful feeding. And all artificial foods aim to imitate it. Its composition is: Fat, 4 per cent.; sugar of milk 7 per cent.; proteids, 1 per cent.; water, 88 per cent.—*Exchange*.

**CHILDREN FED TOO MUCH MEAT.**—There is more so-called nervousness, anemia, rheumatism, valvular, rheumatism, valvular disease of the heart, and chorea at the present time in children from an excess of meat and its preparations in the diet than from all other causes combined.—*Dr. J. F. Winter, Cornell University Medical College*.

**SUSCEPTIBILITY IN CHILDREN TO DIPHTHERIA.**—Sex seems to have no influence. Says Holt: "The most susceptible age is between two and five years." Of 14,688 deaths in New York, 1,214 were under one year; 9,622 were under five years; 3,212 between five and ten years; 311 from ten to fifteen years; while there were only 329 of all ages over fifteen.—*Pediatrics*.

**CARRYING THE BABY.** — The child should always be lifted with both hands, held lightly but firmly, the entire length of the back and the head being carefully supported. One of the most common and dangerous errors is leaving the back of the head unsupported. When this is done the movements of the body of the mother or nurse in walking, or indeed, the sudden lurching of the baby itself, may seriously affect the head and spine.—*Health Culture*.

**TOO FREQUENT FEEDING.** — The child whose digestive organs are subjected to such abuses, is in a fair way to develop a serious attack of gastro-enteritis whenever any unusually difficult task is imposed upon those organs. The products of

decomposition are always present in the intestines of such a patient, and in due time the ptomaines, or bacteria, or both, triumph over the resisting power of nature, and serious disease is the result.—*The Clinical Reporter.*

PULSATILLA IN EARACHE. — The chief usefulness of pulsatilla in this connection is in the treatment of the ordinary earache of children. This means the ordinary acute catarrhal inflammation of the tympanum. This is always preceded or accompanied by an acute rhinitis exhibiting characteristic symptoms of the drug. Finally in suppurative otitis media, pulsatilla is often beneficial; when there is a profuse, thick, yellowish, or yellowish-green discharge from the ear. — *The Clinical Reporter.*

THE OFFSPRING OF DRUNKARDS. — As to confirmed drunkards, I can only repeat that Plutarch says, "One drunkard begets another;" and Aristotle adds: "Drunken women bring forth children like unto themselves." Dr. Howe, in a report to the legislature of Massachusetts, says: "The habits of the parents of 300 of the idiots were learned, and 145, or nearly one-half, are reported to be known as habitual drunkards." Howe cited a case in which the parents were drunkards, and had seven idiotic children. — *Dr. J. R. Emmert in St. Louis Medical Review.*

INFLUENCE OF CIGARETTE SMOKING.—The principal of the Preparatory School connected with Northwestern University, after making a study of the influence of cigarette smoking upon the pupils, has absolutely prohibited it. Any boy unwilling to give up the habit will have his tuition refunded and be allowed to leave the school. By a careful study of the boys who stand in the first quarter of their class, he found that only 2 per cent. of them smoked, while of those whose standing is in the lowest quarter, 57 per cent. are smokers.—*Annals of Gynecology and Pediatrics.*

ROTHELN. — After studying this disease the conclusions are that rotheln is an acute, contagious, epidemic, exanthematous disease, occurring separately from either measles or

scarlet fever. That it has a stage of incubation of twelve to fifteen days, of invasion from one to two days and of eruption from twelve hours to two days. That the exanthem fades with practically no desquamation. That there is nearly always mild sore throat with slight catarrhal symptoms of eyes and mouth. That a careful observation of the conditions of these mucous membrane with especial reference to Koplik's sign is of great importance in diagnosis.—*Pediatrics*.

EPISTAXIS IN THE NEWLY-BORN.—D'Astros, in a review of this subject, concludes that this symptom always depends upon infection. Hereditary syphilis, either with or without local nasal lesion, is the most frequent cause. In some cases a septic infection underlies the condition. Not infrequently we have the association of syphilis and sepsis. When in the newly-born epistaxis appears to be idiopathic, careful examination for signs of latent syphilis should be made. The amount of hemorrhage is rarely large, still more rarely dangerous. Its gravity comes from its underlying cause, toward which the therapy should be directed.—*Archives de Medicine des Enfants*.

PREVENTION OF MYOPIA.—As myopia comes on largely from the eighth to the eighteenth year, or during school life, the following prophylaxis would be of great service. Correct position of the head and body during study, use of books with large and distinct type, good illumination coming from behind, preferably over the left shoulder, correct slope of the desk, so as to bring the book or paper parallel with the face, hours of study be restricted and should be alternated with periods of rest and exercise, or employment in the open air. If a tendency to divergence exists in early life, tenotomy of the external rectus may be of benefit.—*The Medical Magazine*.

EXAMINE A CHILD DURING SLEEP.—The most favorable time in which to examine a child is while it sleeps. Then it will be quiet and you can note without any disturbance its posture, breathing, count its respiration and pulse, note



whether its face is pale or flushed, whether the skin is moist or dry, the lips pale or tinted ; you should also note the general expression, if natural or painful. presence or absence of moaning, if eyes are opened or closed ; note any starting, grinding of the teeth, movements of the nostrils, if any, the condition of the fontanelles, whether closed or open, if pulsating unduly, if disturbed or retracted ; note its size and shape of its head, if large and whether the veins are full. —

*Wisconsin Medical Recorder.*

**WEIGH THE BABY OFTEN.** — The scales are the measure of a baby's progressive nutrition. During the first week a child loses and regains the loss consequent upon the establishment of lactation. At the end of the first week it should show the initial weight. After the first ten days, there should be a steady, uninterrupted gain in weight, approximately as follows : A loss of nine to eleven ounces the first three days ; then a steady gain. For the first four months an average of eight ounces a week or two pounds a month ; from the fourth month on to the sixth the gain is less rapid, or four ounces a week, one pound a month. From six to twelve months the average gain will be even less. At seven months the babe has doubled its birth weight.—*Minneapolis Homœopathic Magazine.*

**A UNIQUE CASE.** — A female child, aged 5 years, suffering from a very aggravated form of enlarged tonsils and adenoids, was operated upon in the usual manner under chloroform narcosis. Nothing unusual was noted about the case until three days following the operation, when characteristic choreic movements were developed in the muscles of the face, and rapidly extended to the extremities. The child was extremely nervous and peevish and would cry out at the least excitement, and was unable to sleep without hypnotics.

An acute endocarditis ensued and rapidly took on grave manifestations with the fever at 105° F., and respiration 50 for several days. Gradually the symptoms subsided, leaving a chronic heart condition, with the chorea not much benefited.

About two months after the acute manifestations the choreic movements disappeared and the child seemed to suffer little except that when she played too hard she would complain of fatigue.

**LESSENER APPETITE IN HOT WEATHER.** — The healthy child, furnished with fresh air and sunlight, who has not been pampered but accustomed to a plain diet with moderate variations, does not need to be tempted to eat. If food is temporarily repugnant, we should respect this protest of nature. The digestive powers of a child, like those of an adult, are below par during excessively hot weather, or at the onset of fever or any acute indisposition. Such a child is as much entitled to be put on light diet as the adult, and it should be borne in mind that undiluted milk or even the child's usual modification of milk is not necessarily light diet for that individual child, but that further dilution is called for. Attention to this detail is perhaps the most important measure of prophylaxis in the whole realm of pediatrics. — *Archives of Pediatrics*.

**THE OBESITY OF ADOLESCENCE.** — A close investigation of the individual cases will evince that a caloric value of the nourishment usually ingested far exceeds the needs of the organism. The caloric demand of the youthful body for the maintenance of its metabolic equilibrium per kilogramme of body-weight and under like conditions is the same as that of the adult organism. Normally there are utilized on food stuffs for each kilogramme of body-weight in twenty-four hours: When at absolute rest, 30 calories, of which 4.1 calories should be yielded by albumin; when leisurely occupied 35 calories, of which 5 calories should be yielded by albumin; when moderately active, 40 calories, of which 6.1 calories should be yielded by albumin; when laboring strenuously, 45 calories, of which 7.2 calories should be yielded by albumin.

As, however, the adolescent individual but rarely performs very hard labor, its needs of nourishment practically never exceed a value of 40 calories to the day and kilogramme of body-weight. — *New York Medical Journal*.

**THE URINE IN INFANCY.** — The odor is slight; the color pale. It is usually clear, sometimes slightly opalescent, and not infrequently turbid from mucus. The reaction is feebly acid. The specific gravity varies from 1,003 to 1,008 in the first six months, and from 1,006 to 1,012 up to two years. The urine of breast-fed babies almost never contains indican, that of the artificially fed baby usually but slight traces. Urobilin is never present in that of the breast-fed, seldom in that of the artificially fed. It does not contain albumin, and sugar is absent with the ordinary reagents. The sediment is slight and consists entirely of cells. One-third to one-half gram of urea per kilo of body weight is said to be passed in twenty-four hours. Figures are of but little use, however, as the amount of urea varies with the character of the food. It is pretty certain, nevertheless, that from 40 per cent. to 50 per cent. of the nitrogen ingested appears in the urine. The amount of urine is relatively large. It varies between 200 and 500 cc. from one to six months, and between 250 and 600 cc. up to two years.—*Annals of Gynecology and Pediatrics*.

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## ABSTRACTS FROM BOOKS AND JOURNALS.

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**SUPPRESSION OF PROSTITUTION.**—The last resort for the most effective suppression of prostitution is education. The boys in the schools should be taught by a male physician, and the girls by a female physician. This instruction should be continued through seminary, high school, college and university.—*Medical Brief*.

**INDICATIONS FOR USE OF CARBONIC ACID BATHS.**—The indications as enumerated by Dr. Steinbach are the following: 1, Sterility and Impotence; 2, Amenorrhea and Oligomenorrhea; 3, Paresis (hysterical, reflectory) of the extremities, of the bladder, etc.; 4, Neuralgias (prosopalgia, sciatica, spinal irritation, etc.); 5, Rheumatism, chronic and acute; 6, Torpid ulcers; 7, Catarrh, otitis.—*The Post-Graduate*.

DIPHTHERIA SERUM SUCCESSFUL.—The use of Prof. Behring's diphtheria serum has resulted, according to statistics just published, in the lowest death rate from diphtheria in Berlin in the year 1901 ever recorded. The deaths from diphtheria were then 469. Prior to the introduction of Prof. Behring's serum, the deaths from this disease ranged from 1,300 to 3,600 a year.—*Boston Herald*.

WORK BENEFICIAL TO NEURASTHENICS. — By means of useful manual work hysteria and neurasthenia, in the narrowest sense of the term, can often be made to completely disappear. In cases of mental enfeeblement, psychopaths, alcoholics, according to the time of their existence and hereditary tendency, the influence of work is often very remarkable.—*St. Louis Medical Review*.

THE NEEDED CODE OF MEDICAL ETHICS.—We want a code that will grant equal rights and justice to all and special favors to none; a code that will foster brotherly love and fraternal courtesy toward every reputable graduate of medicine in the United States; a code that will discountenance cliques, rings and clubs whose object is commercialism, selfishness and self-advertisement.—*New York Medical Journal*.

PURITY OF LIFE.—The subject of purity of life cannot properly be viewed entirely from a sanitary or medical standpoint. The appeal must be made to the moral and religious nature of man, as well, if any real progress is to be made in the direction of eradicating or even repressing the social evil and diminishing the ills that flow from it.—*The Philanthropist*.

OXYGEN GAS A HAIR TONIC.—Recently a patient in a London hospital, to whom applications of pure oxygen gas were made for the treatment of skin disease, developed a luxuriant growth of hair upon the skin exposed to the gas, and it is said that similar treatments are being given in London, with good success for the cure of baldness.—*The Medical Times*.

**GASTRIC LAVAGE.**—Gastric lavage is seldom required, and certainly never as a routine treatment. In some cases, where there are large quantities of material in the stomach, lavage may be used to remove this material preparatory to further treatment, but not as a cure. Injury is not only caused to the muscular and nerve tissues, but of greater importance is the glandular supply.—*American Practitioner and News*.

**OVEREATING A SIN.**—It is part of our morbid civilised life that eating and drinking are made servants to morbid passions and desires. They form a most important ingredient in our civilised life, so that our days are divided by our meals. It is considered no sin to overeat, whilst in reality it is an absolutely immoral act, and from a high standpoint a crime for which the body has to suffer at the high tribunal of that Law which none can transgress with impunity. — *Homœopathic World*.

**WART OR EPITHELIOMA?**—There is one mistake which you must always carefully guard against, and that is the chance of regarding an epithelioma in an aged person as nothing more than a wart. There is sometimes a superficial resemblance, but the age of the patient, the hardness of the base of the outgrowth, the pain which is often present, and the occurrence of bleeding fissures point to epithelioma. Do not forget, also, that the common wart may be transformed into epithelioma.—*Medical Bulletin*.

**AMERICAN SURGERY.**—It stands as a fact that the American surgeon is a surgeon of emergency, expediency and initiative ; a surgeon of intelligence, of industry, and of conscience ; a man filled with activity, studiousness, self-reliance and competency. The authorities of the world have compared American surgery to the surgery of older and more civilized countries, and conclude that it is marked by its fertility in inventive procedure, its self-reliance, and its freedom from tradition ; it is a creative and initiative surgery.—*St. Louis Medical and Surgical Review*.

GLASSES FOR THE MYOPIC.—In the fitting of glasses great care should be exercised to see that all errors are corrected, and that the glasses are properly centered and adjusted. In cases of mild myopia a full correction should be used, while moderate and high myopic cases, two pair of glasses may be needed, the weaker for near work and stronger for distance. Some oculists advise the use of prisms or the decentering of lenses for the correction of the divergence.—*The Medical Magazine.*

LOCATING IN THE WEST.—The man who locates in a western community has less difficulty in attaining to a competent livelihood and does so more rapidly, because of the greater change in population, the higher percentage of young people, and also because the young men are the active forces in the community. This applies to both cities and towns. In eastern established cities ten years is not a long time to wait for a young doctor to gain a respectable clientage, whereas, half this time in a corresponding western city finds him on the high road to prominence.—*Exchange.*

MEDICAL POLYSYLLABLES. — A lay brother who has been reading *The Lancet*, has been sufficiently impressed to quote from that learned journal its remarks on bathing, and to add thereto a facetious comment.

He writes: "*The Lancet* says: 'Too much bathing is harmful, as it tends to maceration of the superficial part of the epidermis, which is too frequently removed, and occasions probably too rapid a proliferation of the cells of the malpighian layer.' We have imagined as much for years, and have confined our bathing propensities to once a year, whether needed or not."

CONTAGIOUSNESS OF CANCER.—An interesting statement of the New York State Commissioner of Health, in his annual report, is in regard to the apparently contagious character of cancer. He has investigated a number of so-called cancer houses—that is, dwellings in which two or more cases of cancer have developed. In the town of Plainfield he has observed

an area where within a radius of a quarter of a mile, nearly every house has had from one to five cases of cancer. In Brookfield, a neighboring town, a few miles south of Utica, nearly twelve per cent. of all the deaths during the last fifteen years have been from this disease.—*Annals of Gynecology and Pediatrics*.

**MENTAL THERAPEUTICS.**—Every experienced practitioner of medicine knows well the scope of mental influence in the sick-room, and exercises that knowledge to the benefit of his patient. Only the gross, materialistic, coarse, physicking doctor trusts to materialism alone in treating the sick. The personal equation is of inestimable value in dealing with invalids, especially with chronic and nervous subjects, and he is only half prepared for his work as a physician who ignores the influence of the mind of one person over another and of mind over matter. The successful physician brings into play every factor that benefits his patient, and not the least potent of his weapons is his knowledge and practice, consciously, of mental therapeutics.—*Medical Advance*.

**PELVIC EXAMINATIONS.**—The intimate connection of the uterine apparatus with the brain, heart, lungs, stomach, and entire alimentary canal, and of its subtle influence on the vasomotor and trophic nerve centers, is now well recognized and the possibility of a pelvic lesion in any disease which does not quickly respond to a careful general therapeutic treatment must be considered.

The criticism of gynecologists for pelvic examination of young girls, and the advice to treat the general condition by surrounding the girl with all the hygienic advantages, and to let nature alone, is often unfounded. The possibility of growing pelvic disease gaining control of the sympathetic nervous system, weakening the digestive and muscular system, is far more irreparable than any possible injury which might result from a properly conducted pelvic examination.—*Medical Times*.

and 11th, the eleventh being devoted entirely to sessions of the Congress. Many papers of great interest and value were presented.

THE Committee of arrangements of the Tri-State Medical Society of Alabama, Georgia and Tennessee have selected Tuesday, Wednesday and Thursday, Oct. 7, 8 and 9, as the dates of the 14th annual meeting, which will be held in Birmingham, Ala.

A society has been formed in France to be known as the polyclinical society for the treatment of tuberculosis and diseases of the respiratory organs. The purpose is to create 200 dispensaries, where the best-known methods of treatment shall be applied by expert physicians. The poor are to receive gratuitous while the rich are to pay moderate prices. The government gives the assurance of cordial co-operation.

THE NEW YORK BOARD OF HEALTH has this year appointed women among the summer corps of physicians whose duty it is to visit the tenement houses during the hot weather. The whole corps numbers seventy-seven. They work during July, August and September chiefly among the poor children, and receive \$100 a month each. Nearly 80 per cent. of the physicians appointed will be made permanent school medical inspectors when they have finished with their duties on the summer corps.

PAPERS or addresses on professional or other subjects will be written wholly or in part; books prepared for publication, and expert editing and proofreading done for members of the Profession. Address Dr. A. T. Lovering, 10 A Park Square, Boston, Mass.



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## ORIGINAL COMMUNICATIONS.

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### DERMATITIS HERPETIFORMIS.

BY FREDERICK B. PERCY, M. D.

Conciseness is a prime requisite in every good definition. If characterized by too much brevity, it loses force and value. Dorland's definition of dermatitis herpetiformis is open to this criticism. He describes it as "a herpes-like skin inflammation of various characters and fatal tendency." Crocker says it is a "bullous eruption associated with erythema lesions and intense itching." To Duhring we owe our present understanding of this disease, and he thus describes it :

"An inflammatory, superficially seated, multiform, herpetiform eruption characterized mainly by erythematous, vascular, pustular and bullous lesions occurring usually in varying combinations, accompanied by burning and itching, pursuing usually a chronic course with tendency to relapse and recur. The best known characteristics are, first, superficial inflammation; second, a tendency to multiformity of eruption in any attack, and change of type in different attacks; third, a tendency to herpetiform grouping; fourth, much disorder of

sensation ; fifth, chronicity, relapses and recurrences all being common."

Stellwagon says of its symptomatology : " The onset and exacerbations are often preceded for a few days by symptoms of general disturbance, such as malaise, loss of appetite, constipation, chilliness, flushings and heat sensations, rise of temperature, and often the subjective symptom of itching. Cases in which the general symptoms give rise to anxiety are, however, it must be said, infrequent. Ordinarily, the systemic disturbance is entirely wanting or slight, and subjects bearing inconvenience and discomfort caused by the eruption are, seemingly at least, in a fair condition of health. The eruption may be erythematous, papular, vesicular, bullous, pustular, or mixed ; it is never ulcerated."

So far as the pathology of the disease goes, it is the generally accepted opinion that it is neurotic in its origin. Whether depending upon functional or organic disturbance is not yet determined. Its skin lesions are superficial, a fact clearly proven by the normal appearance of the skin after repeated attacks. In fact, the fairness of the skin in many of these cases after an acute exacerbation would render impossible any destructive changes. The etiology of this disease is clear. It seems to be dependent upon disturbances of the nervous system, and these may be either traumatic or of as vague and indeterminate origin as hysteria itself. Roussel reports a case of this disease in a young child in which phimosis was the sole etiological factor, and a physician who was a sufferer from this disease noted the rather singular fact that there was a striking amelioration of it during attacks of malarial fever and other intercurrent disorders.

The differential diagnosis is not always easy. The multiplicity of lesions and the tendency of their herpetetic arrangement, which Duhring regards as characteristic, the chronicity of the disease and its frequent recurrence, the burning and itching and general absence of marked constitutional disturbances will usually enable a diagnosis to be made with-

out difficulty. The diseases most likely to be confounded with it are pemphigus, herpes, erythema multiforme, eczema, and impetigo.

As to the first disease, the lesions are usually large blebs rising from a normal skin and not attended by much itching or burning. Larred says that in dermatitis herpetiformis there is a simultaneous appearance of eosinophile cells in blood and serum of bullae. On the contrary, there are no eosinophile cell in the blood or serum of pemphigus. Both herpes and erythema run an acute course, while with the impetigo the lesions are pustular, nearly always occur in pregnant women or during the puerperal period, are attended by symptoms of grave constitutional involvement, and generally terminating fatally. The prognosis, so far as acute attacks go or the exacerbation, is favorable, but for complete recovery very bad. So far as treatment goes, everything which tends to improve the general condition, everything which tends to nullify the results of pernicious influences, and where possible the securing of an environment calculating to bring relief to body and mind, are of the utmost consideration.

As to the local measures, lotions, ointments, powders, all have their advocates, and while all are capable of producing temporary alleviation, they have no effect upon the course of the disease. Other than generally accepted tonics there is a growing feeling that arsenic in some form is the one remedy to be depended upon.

I realize fully how inadequate this description of the disease is, and I have purposely made it so, thinking that a typical case of the disease which has been under my observation for two years would give you a better understanding of this uncommon disorder.

Mrs. ——— came to my office in the summer of 1899 for advice in regard to a tumor of the right breast. Her appearance gave every evidence of a neurotic temperament, and her physical condition was not much impaired by the

local disorder. Examinations revealed a malignant growth, affecting the whole gland and extending into the axilla. There was beginning evidence of breaking down of tissue. I advised immediate operation, and the case was referred to Dr. Packard. The condition of the growth made him hesitate somewhat about interference, but after careful consideration he determined upon a most radical operation, which was performed. The wound healed perfectly, but before the first week elapsed symptoms of a severe neuritis affecting the lower extremities developed. These did not prove amenable to ordinary measures, and the loss of sleep occasioned by the pain was soon followed by anorexia and loss of strength. At this time it was deemed advisable to remove the patient to her own home, in the hope that changed surroundings, home cooking, and the presence of her friends might ameliorate the condition. Unfortunately, no such result followed, but the neuritis affected the upper extremities, seemingly spending its force upon the right arm. The insomnia was intractable to ordinary measures, and we presently had to contend not only with repugnance to food but with vomiting, which soon showed characteristic indications of its hysterical origin. Once more the patient was removed to the hospital, practically for better observation, and secondarily because of isolation which seemed necessary. Despondency and hallucinations were natural followers in the wake of insomnia, and the very unusual consequent, a suicidal tendency. Twice the patient was caught by the nurse in the act of jumping from a second story window. Two experts upon insanity who visited her at this time advised treatment in an institution better calculated to protect her against herself. Bear in mind, if you please, that during these two months the vomiting still persisted, and that while for two or three days she ate freely and without any discomfort of the best that the hospital afforded, suddenly she would vomit everything, even a teaspoonful of water, and this condition would persist for days.

Her removal to a private hospital was much against her wish and made a deep impression upon her, and from the day she arrived there the vomiting ceased, she was up and dressed each day, oftentimes rode out, and at the expiration of three weeks, because of her earnest solicitation and that of her friends, she once more returned to her home. The neuritis affecting the right arm was at this time most painful, and in a moment of desperation she applied a mild blistering fluid to the upper portion of the arm. The consequence was alarming, a blister from shoulder to elbow full of fluid, which was broken down before I saw it. It healed after much suffering, but there presently appeared below the left breast an erythematous patch with distinct outlines, upon which blisters were apparent on the following day. These were attended by much burning and itching, and in the beginning, knowing the hysterical nature of the patient, I felt that they were perhaps self-induced. Their frequent recurrence, however, the appearance of bullae over the abdomen and even upon the feet, soon made me confident that it was not self-inflicted. In many respects they resembled pemphigus and particularly pemphigus foliaceus, but they lacked some essential features, and at this time I took the patient to Dr. Coffin. Dr. Coffin unhesitatingly pronounced it a case of dermatitis herpetiformis, and suggested dry dressing instead of ointments.

Progress was not satisfactory, and in August of 1900 the patient was again admitted to the hospital, and during that month she was under the constant observation of Dr. C. Another train of nervous symptoms soon developed, a diarrhoea nervosa (so termed by Einhorn), a most interesting but intractable disorder. The most careful prescribing, most careful dieting, nay, even fasting, made no change, and only elicited from the patient countless verses whose theme and source of inspiration were found in the multiplicity of the discharges. In the meantime, the skin difficulty had its relapses, recurrences and exacerbations, and the vagina,

which at this time was first affected, was a source of the greatest discomfort.

In November, the patient once more returned to her own home, but as no preparation for her coming had been made the housekeeping duties devolved upon her, and strange as it may seem, the hitherto intractable diarrhoea ceased, the appetite returned, and for a time there was an improvement even in the skin difficulty. Things remained in *statu quo* for some weeks until an attack of "la grippe" complicated with pneumonia put the patient's life in jeopardy for some days. Subsequent to this, the neurotic symptoms assumed a new type. Dysuria, frequent desire to pass water, and again anuria for forty-eight hours; presently, hysterical aphonia, lasting for weeks, and finally hemorrhage apparently from the lungs but as afterwards developed, from the buccal mucous membrane or the throat. The amount of blood lost in this way is difficult to estimate, sometimes occurring daily, oftentimes lasting for two hours; and induced by any attempt to interfere with the patient's prerogatives. I frankly confess to being very seriously alarmed in the beginning of this new train of symptoms; but its long continuance, the very slight influence upon the general health, and the fact that from the vagina and from the rectum we had hemorrhages without cause, led me to a belief in its neurotic origin.

At this epoch of the patient's history, Dr. Colby's confident statement that the vaso-motor system was responsible for the hemorrhages was a source of great comfort. Such hemorrhages are extremely rare. I have been unable to find in medical literature any reference to a like case except the one herein included. "Paul Sainton reports case of a woman 25, of neurotic ancestry, four months pregnant, who complained of hemorrhages from the mucous membranes. After being very angry, metorrhagia occurred, lasting four days, without affecting the pregnancy. Following this, auricular, mammary, buccal hemorrhages and epistaxis appeared,

The otorrhagia occurred three times, always from her right ear. From the nipples the hemorrhages were frequent, and have persisted irregularly since. In each case she has some odd feeling before the hemorrhage begins. The mouth shows no ulcers or other possible cause of hemorrhage. Her general condition is excellent. There is some leukocytosis (18,000), probably due to the pregnancy. There is some anesthesia and pain over the ovaries. She is very neurotic. The symmetrical condition and its rarity make the case most interesting. There was no doubt that the hemorrhages were of hysteric origin. (M. O.)"

The splendid physical condition of the patient, the marvelous return of the skin to normal state after repeated attacks, and the unimpaired mentality were three of the most striking characteristics of this case. Of the brightness and vivacity of the patient, often under the most adverse circumstances, the following verses bear evidence. I need not say they were offered during one of those periods of time when powders rather than ointments were used for local treatment:

"Now, Doctor, my dear,  
Do you know what I fear  
When I hear you come in my front door?  
'Tis that terrible powder;  
That much dreaded powder,  
You'll tell me to 'use it some more!'"

In the fall of 1891 a very radical departure was made. Tent life was instituted, under the care of a most excellent nurse, in the anticipation that the novelty of the surroundings, the super-abundance of fresh air by day and night, together with other measures which had hitherto proven unavailing, might turn the tide towards recovery. Alas! Temporary amelioration was followed by the usual relapses, and after four months of treatment I am obliged to confess that not only has no progress been made, but that hope and courage have been lessened. Many of you will remember

that stormy night which ushered in the new year, when the wind played much havoc with vessels on our coast and made even dwellers in houses fear for their safety. That night in a tent was not all that fancy pictures. The next morning I received the following lines :

“ Still alive !  
All sails down !  
Spent the night in the vicinity of Sandy Hook.  
*Struck* just off Minot's Ledge at 4 A.M.  
All hands saved !  
Praise God from whom all blessings flow.  
A ' Happy New Year ' to you and yours !

‘ THE TENT WOMAN. ’ ”

Ten below zero.”

“ Here endeth the first lesson.”

No disease so truly deserves the name of a medical derelict as the one under consideration. Chronicity is a feature of many diseased conditions, but in none does it possess the discouraging features which are so evident in dermatitis herpetiformis. Seeming health, and then days of suffering. Confidence in measures used, followed by the keenest disappointment. Possibilities of a useful life thwarted until courage dies. And yet our duty is plain, — to mitigate suffering, to ameliorate conditions, and to bring brightness and cheer to those whose future we know to be the darkest. .

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## COUGHS AND THEIR VARIED ORIGIN.

BY GEORGE B. RICE, M. D.

Probably there is no single symptom of an abnormal state for which advice is so frequently sought as that of a cough. Surely there is no single symptom of more varied origin, nor one which more taxes the physician's resources.

The one proper object of cough is for the purpose of expectoration. Coughs, therefore, which do not accomplish this, are particularly irritating and exhausting. That we may



understand this act clearly, let us consider the symptom from a physiological standpoint. In one sense coughing is always a reflex, and it can be excited by irritation from widely separate sources.

Kohts has located the cough centres in the medulla just above the respiratory centre, its afferent parts lying in the sensory branches of the vagus, its efferent paths in the nerves of expiration, and those that close the glottis. Physiologists tell us that cough is a modified respiratory movement, as are the acts of sighing, yawning, hiccough, sobbing, sneezing, laughing, and crying, the kind of stimulus determining each movement. This special stimulus as has been indicated, may arise from a variety of sources, each affecting the afferent branches of the vagus, some indirectly.

Although all coughs are reflex, yet if one can modify a scientific fact, we may say that some are more exactly reflex than others.

For instance, Stoerck of Vienna, located the cough areas at the interarytenoid fold, the posterior wall of the pharynx, and trachea, the under surface of the vocal bands, and the bifurcation of the trachea, and these observations have been confirmed by others.

Coughs, then, arising from irritation of these areas, more directly excite the cough centres than when the stimulus occurs in the nose, post nasal space, stomach, skin, or elsewhere. Therefore, we may divide coughs into two classes, those arising from the cough areas and usually accompanied by expectoration, and those which are dry in character and of more remote reflex origin, that is outside the cough areas. As coughs from the latter sources are more difficult to locate, we will confine our attention to this part of the subject.

Mackenzie of Baltimore, was one of the first observers in this country to recognize the influence of pathological conditions in the nose, upon the cough centres. Other writers have since affirmed that it is from this reason that reflex coughs arise most frequently.

Physiologically we divide the nasal passages into two portions. One, the respiratory tract, located below the distribution of the olfactory nerves, and the other the olfactory region. In this respiratory region endowed with erectile tissue, it has been found that the reflex symptom of cough arises, and particularly at the posterior ends of the inferior turbinated bodies and vomer, and at the anterior portion of the middle turbinated bodies.

Sajous, of Philadelphia, has shown that asthma is often cured by cauterizing those reflex areas which through disease have become hypersensitive.

Bosworth says, the majority of asthmatic coughs are of nasal reflex origin.

O. B. Douglas of New York, has for years taught that contact points in the nose are frequently productive of numerous reflex phenomena including cough. Every rhinologist of experience has cured cases of cough by intra-nasal operations.

A case recently occurred in my own practise illustrating this fact. Mrs. J. F. W., consulted me on Oct. 29, '98, suffering from a chronic irritation of the larynx with cough, sometimes dry and intermittent, and at other times wheezy and spasmodic. Examination disclosed a large left middle turbinated body in close contact with the septum, and undergoing polypoid degeneration, together with signs of an ethmoiditis.

As the patient declined operation, treatment by internal and local medication was carried out for a month. There being no improvement in the symptoms at the end of this time, she then submitted to an operation which consisted in the removal of the anterior portion of the hypertrophied tissue. For a time (two weeks) the symptoms were aggravated, but after this, a gradual subsidence took place, with finally complete relief of all of the previously troublesome conditions. The patient has remained well up to the present time.

These abnormalities may not always be shown by marked

reflex acts, but only during conditions systemic or atmospheric, which may temporarily produce aggravation, and hence the cough, or whatever the reflex may be, will occur periodically.

A frequent cause of the coughs of children are hypertrophies of lymphoid tissue in the naso-pharynx. These growths may produce cough either from direct irritation, or because mouth-breathing as a common accompaniment is likely to cause dryness and congestion of the larynx, and therefore direct irritation of the cough centres.

Ear cough is a recognized reflex. This can be demonstrated by introducing a small probe into the external auditory canal, when in many instances a short dry cough will result. Hardened cerumen, polyps, granulations, and foreign bodies may here therefore be exciting factors.

Elongation of the uvula may be productive of a most distressing cough accompanied by gagging and nausea, with aggravation on lying down.

I was recently consulted for relief of a cough occurring in a child six years of age, Master A., who was brought to my office suffering from a persistent cough, worse on lying down, and therefore interfering with the night's sleep. This cough had been more or less constant for two years past, it immediately following an attack of bronchitis of the influenza type. Examination revealed an elongated uvula and slight enlargements of Luschka's tonsil. Two days later, the naso-pharynx was curetted and the uvula amputated. The cough ceased at once, and has not recurred. From the character and position of the hypertrophied third tonsil, I do not believe that this growth was productive of reflex irritation, but that it was the elongated uvula which was at fault.

Tonsillar hypertrophies are not infrequent causes of irritation of the vagus. Particularly is this the case if the crypts and follicles of the tonsil are dilated, and serve as pockets for the lodgment of food and other foreign matter.

Hypertrophy of the mass of tissue in the glosso-epiglottic

fossa known as the lingual tonsil is a most frequent cause of cough. These growths may produce the coughing act by direct irritation to the tip of the epiglottis through contact, or by reflex process.

Coughs of this character are almost never found in children, but are frequently met with in public speakers, singers, and in middle aged women. Hoarseness, sensation of a lump in the throat (often diagnosed as globus hystericus) frequently accompanies the cough, which is dry, and aggravated by using the voice. Very gratifying cures are reported from the removal of this source of irritation by operative measures.

Sometimes as in the following case, local astringent applications will prove efficacious. In Dec., 1898, I was called to see Mrs. B., wife of a physician, who gave the following history: A few days previously she had experienced aching in the limbs, back, and head, slight fever, increased pulse rate, and cough which was hoarse, croupy, accompanied by difficult respiration, so that she could not lie down. At times the cough would come with every respiration, and at other times in rapid succession. Previous to my seeing her she had coughed almost constantly for thirty-six hours with hardly any opportunity for sleep. Remedial treatment had been absolutely of no avail. An examination revealed an inflamed and slightly hypertrophied lingual tonsil. An application of an iodo-tannate solution was made with the result of giving almost immediate relief, but it was found necessary to repeat the application a few times every twenty-four hours, for two or three days, the application always causing a cessation of the cough. This was an unusual result, for because of the hypertrophy present, one would naturally look for a recurrence of the symptoms with every fresh inflammation of the lingual tonsil, and this, so far as I can learn, has not occurred.

Another interesting case cured by removal of an hypertrophied lingual tonsil, is perhaps more significant for it does

away with any possible metaphysical influence. Mrs. M., also the wife of a physician, consulted me for a spasmodic, at times strangling, cough, which had been troublesome more or less for about eight years past, but had particularly aggravated by a cold which was contracted four weeks previous to her visit to my office. Careful examination of the respiratory tract and the external auditory canals revealed nothing abnormal excepting a very considerable hypertrophy of the lingual tonsil. The patient's throat was so markedly hyperesthetic, that thorough removal of the hypertrophied mass was accomplished with greatest difficulty and it was only by removal of small pieces at a sitting that the work could be accomplished. After nine visits this was successfully accomplished, with complete and so far permanent relief of the cough, and to a great extent also of the extreme sensitiveness of the throat.

Foreign bodies in one or the other pyriform sinus, are capable of producing marked laryngeal disturbance evidenced by cough, but here probably by direct rather than reflex irritation.

Lauder Brunton in his work "Disorders of Digestion" mentions cough as a not uncommon symptom of indigestion. He mentions acidity of the stomach and torpidity of the liver, as conditions sometimes productive of cough by the reflex process.

An accurate diagnosis of the source of these reflex coughs is often a very difficult matter. It is only by the method of elimination, that this can in most cases be done. Thus in a persistent spasmodic cough where chest symptoms are absent, we must endeavor to find the source of irritation by probing the various reflex points, one after another. If this process fails, the any deviation from normal tissue formation must receive attention, and if necessary restoration to the normal by operative measures. It must not be forgotten that in many of these cases, the central nervous system may be at fault, and that perhaps this deeper pathological dis-

turbance may be the underlying cause of the easily excited reflexes. With this fact in mind, the properly administered homœopathic remedy, or even a nerve sedative, may act favorably. In the one case because the remedy can in its subtle effect strike at the root of the disturbance, or in the latter case by so quieting the nervous excitability as to break up the habit of cough which has been established, and which sometimes persists after the reflex irritation has been removed.

From the character of the cough it is difficult to deduce facts which can be relied upon for diagnosis.

Elongation of the uvula produces a strangling, gagging cough, worse on lying down, but hypertrophy of the posterior portion of the inferior turbinated bodied may give rise to the same symptoms. Hypertrophy of the lingual tonsil may cause a dry, strangling cough with sensation of a lump in the throat, and so may an attack of indigestion produce similar effects. The dry ear cough, and the cough from tonsillar irritation, may present no distinguishing features. It will therefore be seen that examination of all the structures should always be made.

If this paper suggests the need of careful physical examination of all patients consulting for persistent cough, before prescribing drugs, homœopathic or otherwise, its object will have been accomplished.

#### BIBLIOGRAPHY.

- Waller's "Physiology."
- Foster's "Physiology."
- Bosworth, "Diseases of the Nose and Throat."
- Sajons, "Diseases of the Nose and Throat."
- Keating, "Diseases of Children."
- Kyle, "Diseases of the Nose and Throat."
- Bishop, "Diseases of Nose, Throat and Ear."
- Deaver's "Surgical Anatomy."
- Brunton, "Disorders of Digestion."
- The Post Graduate Med. Journal, 1894.

**TUBERCULOSIS OF THE SKIN.**

BY JOHN L. COFFIN, M. D.

[Read before Maine Homœopathic Medical Society.]

We recognize to-day four forms in which tuberculosis infects the skin. Tuberculosis cutis; tuberculosis verrucosa or verruca necrogenica; scrofulademar and lupus. Of these four forms the last two are by far the most important, both the other forms being comparatively rare. Tuberculosis cutis occurs only in those already affected with tuberculosis of the internal organs. It shows itself as shallow ulcers, with ragged borders, seldom of large extent, painful, situated about mucous orifices and in which the baccillus tuberculosis is easily and abundantly found. The treatment is purely palliative.

The verruca necrogenica, animal water, so called, occurring on the hands of those working in the dissecting room or among dead animals, has been known for a long time. In 1884 and 1885 Vidal and Besnier called attention to the fact that the subjects from which this disease was contracted were mostly consumptive, and in 1886 Riehl and Paltauf found the tubercle baccillus and named the condition as above, tuberculosis verrucosa cutis. These lesions occur also on the hands of butchers, cooks and cattle tenders. The usual appearance is thus described by Brown in *Morrows System*: "The outer edge of an increasing plaque shows a broad erythematous band, the next zone towards the centre is composed of a row of small pustules while the centre itself is covered with a warty growth, covered with crusts and horny epidermis, with erosions and pustules between the papillary excrescence from which a purulent fluid may be pressed." Whatever form presents itself the characteristic of this disease is its tendency to papillary proliferation. The course, if left to itself, is exceedingly chronic. It eventually undergoes spontaneous involution. In some cases, however, the lymph channels take up the

germ and internal organs with general constitutional involvement takes place. This, however, is not the rule. Treatment should be removal by curettement and cauterization.

Virginia. Medical Monthly, May, 1898, Dr. Atkinson reports fourteen cases by inoculation. Among sources were circumcision, red yarn worn in ear after boring, knife wound, washer-woman scratching across pustule while washing clothes from tuberculosis patient, unclean needle used for morphine injection.

Scrofuloderma is not properly a tuberculosis of the skin but of the subcutaneous tissue the skin being involved secondarily. This form is the most common and is familiar to all of you. It begins either as a small, soft, painless, movable tumor or in the lymph glands, in which case the tumor is more firm to touch and less movable, though painless and of normal color. Very slowly it enlarges, after a long time, generally weeks, it begins to grow more soft, the skin over it assumes a pinkish tinge, then red, then a reddish blue, and finally an opening takes place with a discharge of blood, purulent broken down detritus and cheesy matter. The subsequent condition varies according as the subcutaneous tissue or glands are affected. In the former, a superficial ulcer with crustaceous border and granulating, easily bleeding floor, in the latter much deeper ulceration, with undermined borders and sinuses oft times extending along the lymph channels or leading to neighboring glands which have become involved. The course of these ulcers is exceedingly slow and chronic. Sometimes constitutional involvement and general tuberculosis sets in or more often after a protracted time the ulcerations fill in and heal with the production of irregular, puckered, unsightly scars.

The treatment of this form is both medical and surgical. When it occurs in children internal medication often gives results all that could be desired; in young adults it is more often necessary to resort to surgical interference and occasionally even this is ineffective, sound glands becoming suc-



cessively involved until secondary invasion of the lungs takes place and the patient dies. In children the administration of the various calcarea preparations, notably the iodide, together with the local inunction of a 5 to 10 per cent. ointment of oleate of mercury, or a plaster of myro-petroleum have given me the best results, while in adults I have thought better results have been obtained from arsen. iod.

A point which is too often liable to be overlooked is that this glandular adenopathy is especially apt to occur in those children who are subject to tonsillar hypertrophy and adenoid growth of the naso-pharynx; indeed it is by no means improbable that it is through the medium of these, infection takes place and their early and thorough removal would in many cases completely prevent subsequent scrofulodema.

As regards the surgical treatment I have but a word to say and that is that surgical interference is often put off too long. Although this is an extremely chronic and slowly developing condition, I most thoroughly believe that if no result is seen from two or three weeks' treatment, the diseased glands should be thoroughly removed without further delay.

Malcolm Morris, in one of the Lane Lectures, thus speaks on this point, referring to the unsightly scars that "are occasionally seen on the neck though much more rarely than used to be the case twenty or thirty years ago," says: "If seen in a young subject to-day, they may be taken as proof either of the folly of the parents or of the incompetence of the medical adviser."

We now come to the consideration of the most serious and important infection of the skin with the tubercle bacillus, lupus vulgaris. A description of this most formidable disease must necessarily, in a general paper of this kind, be brief, and present only a rough outline, the subject itself being worthy a whole paper or indeed the attention of a whole meeting.

The essential and characteristic lesion of lupus vulgaris is

small, red, reddish brown, or reddish yellow nodules, varying in size from a pin head to a split pea, of soft consistency, situated in the corium. The subsequent cause and development of this nodule varies exceedingly, and upon these variations the different ways in which disease manifests itself depends. These nodules may diffuse themselves through the skin, never rising above the level of the integument and only seen distinctly when the skin is put on the stretch, but nevertheless very slowly and gradually extending until large areas are involved. As it extends, however, the earlier nodules undergo resolution with the production of scar tissue, which contracts and puckers until great deformity takes place. Again these primary lesions may be slightly raised above the surface, forming a patch of greater or less extent which undergoes papillary hypertrophy, until a raised, red fungoid mass presents itself, lupus vurucca, beneath which destructive action is going on which may result in much loss of tissue, as for instance the tip of the nose which may present this enormously developed papillary development, and upon its removal the whole end of the nose be found absolutely destroyed, leaving only a truncated stump; or again the first nodules having massed themselves into a patch, ulceration follows, and we have a slowly progressing, irregular shaped ulceration. The characteristics of a lupus ulceration are: Its irregular rounded outline, reddish thin crust, soft border, shallowness, grayish or red floor covered with granulations and a scanty and non-odorous discharge. The two points to be remembered about all lupus lesions are their *soft consistency* and the tendency around all patches or ulcers to the growth of characteristic small, soft, apple-jelly like lupus nodules.

Lupus may affect any portion of the integument, mucous membranes of the nose, mouth or tongue. Its sites of predilection, however, are for the face, especially the nose and the extremities below the elbows and knees. Its manifestations vary so much in the different localities that a detailed

description of each part is almost necessary to any accurate idea of this disease, but such is impracticable in a paper of this scope. Suffice it to say that upon the face it most frequently affects the nose where it more easily attacks cartilage than bone, wherein it differs materially from syphilis, which often destroys bone. This is very markedly seen in the results of the ravages of these diseases in this locality. As a result of syphilis we get the so-called "saddle back," in lupus the "truncated" nose. In no disease is there possible such an amount of horrible deformity as in lupus of the face, being sometimes one extent of puckered and drawn scar tissue, the end of the nose gone, the nostrils entirely obliterated or only presenting an orifice, size of a knitting-needle, and the mouth an inflexible rounded opening the size of lead pencil.

The diagnosis of lupus vulgaris in a typical case is not difficult when one remembers the characteristic nodules which should always be sought around the borders of the lesions, and that these nodules are soft, being easily broken down by a dentist's burr or head of a pin applied with a rotary boring motion. When ulceration is present and the nodules scanty, the diagnosis is more difficult. The diseases most apt to be confounded with it are syphilis and epithelioma in the ulcerative stage. The differential diagnosis may thus be tabulated :

LUPUS.	SYPHILIS.	EPITHELIOMA.
Occurs in children.	Adults.	Has no accompanying lesions.
Lesions yellowish red or pinkish hue.	Lesions have a deep brownish red hue.	
Ulceration usually superficial and limited.	Ulceration deep and extensive.	Superficial or deep.
Ulcers no regular form or shape margin.	Ulcers numerous, small, circular, sharply cut edges.	Single, irregular shape, undermined or everted edges.
Borders soft.	Borders hard and firm.	Border hard, waxy looking, surrounding infiltration.

Suppuration light.	Suppuration abundant.	Discharge yellowish, thin, serous and offensive.
Crusts thin and dark.	Crusts thick and green- ish.	None excepting in beginning.
Scar firm, contracted and puckered.	Scar soft and white.	No scar.
Heals from one border and extends on other.	Heals from centre and spreads from periph- ery.	Does not heal.
Little or no pain. Surgical.	Painless. Medicinal.	Lancinating pain. Surgical.

The treatment of lupus vulgaris is most unsatisfactory. Some cases resisting any and all means employed, constant recurrence taking place both in the scar and surrounding tissues after the most vigorous and thorough removal.

The treatment may be divided into prophylactic, internal and local. Leloir lays down the following prophylactic rules:

1. "To avoid as far as possible, bringing the integument into contact with tuberculosis virus, whatever may be its origin.
2. "To treat antiseptically every wound that may have been contaminated by the tuberculosis virus.
3. "To destroy, as rapidly and as completely as possible, every deep tuberculosis deposit that may inoculate secondarily the integument.
4. "To make aseptic every part of the skin soiled by fluid that contains tuberculosis virus, as sputum, faced matter, uterine discharges, etc.
5. "To guard with the greatest possible care the skin of patients affected with internal tuberculosis.
6. "To watch over the general health of those descended from tuberculosis subjects by a careful attention to hygiene and general therapeutics."

Internal medicine has practically no effect upon cutaneous tuberculosis. Of course the establishment of the best possible hygiene, good food, out-door air, cod-liver oil, etc., may

do much to enable the system to repel its ravages or assist in putting the tissues in condition least favorable to reinfection. The same may be said of some few remedies notably iodine and arsen. iod., phosphorus, but upon the diseased tissue itself, in those few cases coming under my observation I have failed to see the slightest result. The local treatment consists of destruction by caustics, electrolysis, by surgical means, by injection of tuberculin, by Finsen light method and by the X-ray. Of all the various caustics used, and nearly everything of a caustic nature has been used, nitrate of silver in stick form, in many cases, has given grand results. The stick should be sharpened in a good handle and bored with some force into each nodule. Another application which is effective is a strong salicylic acid plaster with creosote, this destroys the corneous layer near deep seated nodules which can then be destroyed by the nitrate of silver as above.

The surgical treatment consists in excision, multiple linear scarification curettement, thermo-cautery and curettement with subsequent cauterization.

In selected cases, where the ulceration does not involve the subcutaneous tissues, complete excision, including a generous margin of sound skin and subsequent repair by skin graft has so far as possible to learn, has given excellent results. The difficulty is that these cases so often pass out of the knowledge of the operating surgeon and their subsequent history is unknown. The method of multiple linear scarification, introduced by Volkmann and perfected by Vidal, was extensively used in Paris at one time and most excellent results were published. The method consists in **fine** chopping up of the diseased tissue by many parallel incisions at right angles to each other, these incisions extending through the soft tissue to sound, more resisting tissue **beneath**. Subsequent healing dressings were applied, and **after** the healing the process was repeated. After a time, **soft**, flexible, smooth scar succeeds the lupus patch in which,

however, some of the characteristics involved may remain or start up afresh. These should be immediately destroyed by the silver nitrate stick. This method is open to the following objections : It is painful ; patients do not like to submit for a long enough time ; it is slow ; and there is always the danger that in opening up the lymph channels by the operation there may be extension of the bacillus whereby systemic infection may take place. The thermo-cautery has been used mostly by Besnier and has reported good results. He used various shaped and sized instruments, according to the lesion present.

Curettement, scraping out the whole diseased mass down to sound flesh, control of hemorrhage by pressure and subsequent swabbing with some caustic, in some cases have given satisfaction. In the cases which I have observed, carbolic acid 95 per cent. strength was used. So much for the surgical treatment.

The injection of Koch's tuberculin was much in vogue for a short time and much was claimed for it. The plan of this remedy may be well shown by a statement I heard Radcliffe Crocker, of London, who had been an ardent advocate of this method, make : He said, " As an auxilliary where the integrity of important organs is at stake, it is valuable, though not without danger. As a cure it is a failure." Dr. Holloender, of Berlin, reports a few cases apparently cured by the hot air treatment.

Dr. J. Barclay, in the *British Medical Journal* reports two cases much improved under thyroid tabloids.

Phototherapy, or treatment by light, has been and is being extensively tried by Finsenn, of Copenhagen. He has an extensive institute where cases from all over the continent repair for treatment. An exact account of his method, I have not seen but in an article by Stephen McKensie in the *British Journal of Dermatology* for November, 1899, the results are thus summed up : " I am convinced that the light treatment of lupus is established as a successful method of treating lupus

vulgaris." The objections are, the length of time necessary, and the expense. In the *Journal of Electro-Therapeutics* for January, 1901, Dr. A. C. Geyser reports four cases treated, the first three with the X-ray, and the last with the X-ray static breeze. The first were healed, the last benefited. The same Journal, Drs. Hills and Cole, reports case improving under X-ray, but the description of the case not being supported by microscopical examination, would lead one to doubt the diagnosis.

You will note the multiplicity of operative methods suggested and tried. It is always safe to infer that when so many varying operations are advocated, that none of them are eminently satisfactory and such is the case here. No matter what means is selected and what apparently good results are obtained, subsequent reinfection or reappearance is almost certain to follow.

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CONTINENCE NOT DETRIMENTAL TO HEALTH.—Such, then, is the sexual condition of the world to-day, and it is so on account of the lack of sexual education. While there is no doubt that the man and the woman are both better off if their sexual desires can be gratified to a certain extent, yet, that such is absolutely necessary for the health of the individual, I deny. The only way that we can get rid of any vice is to first expose it and then educate the people against it. Legislation never yet changed any man's character; education may make a saint of a sinner, and education, therefore, is the only remedy for this vice, and the physicians are the ones who should educate the masses. The physician should teach the young man to control his animal instincts and make them subservient to him, that he may be the master, and not the slave.—*Pacific Coast Journal of Homœopathy.*

## EDITORIALLY SPEAKING.

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Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be *typewritten if possible*. To obtain insertion the following month, reports of societies and personal items *must be received by the 10th of the month preceding*.

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## THE INSTITUTE MEETING.

It will be of interest to the homœopathic physicians in New England to know that the next meeting of the American Institute is to be held in Boston, and it behooves every physician in New England to make the visit of the Institute a pleasant one, and its meeting profitable and instructive. The preliminary arrangements have already been made as will be seen by the following report of the secretary of the local committee of arrangements. The sub-committees have not yet been entirely made up, owing largely to the absence of so many physicians upon their vacations. A full and complete list will be published later. We wish to urge very strongly that the success of the meeting will depend largely, if not entirely, upon the cordial and enthusiastic support of the local profession, and would urge still more strongly that those members invited to serve upon the committee and sub-committees would accept their invitations without delay, thus enabling the actual working force to become effective as soon as possible.

Below, we append the report of the secretary :

REPORT OF SECRETARY OF LOCAL COMMITTEE OF ARRANGEMENTS  
OF THE BOSTON MEETING OF THE AMERICAN INSTITUTE OF HOM-  
ŒOPATHY, in 1903.

At the May meeting of the Boston Homœopathic Medical Society, the matter of inviting the American Institute of Homœopathy to meet in Boston in 1903 was brought up by Dr. J. P. utherland, and a committee was appointed to consider the matter and to report at the June meeting of the Society.

At the June meeting a report was presented of inquiries that had



been made concerning hotel accommodations, and of information that had been received to the effect that the Institute might favorably entertain an invitation to meet in Boston in 1903. The Society unanimously voted to extend to the American Institute of Homœopathy a cordial invitation to meet in Boston or its immediate vicinity during the year of 1903, and the following committee was appointed to extend this invitation to the Institute at the Cleveland meeting: Drs. J. Herbert Moore, Howard P. Bellows, George B. Rice and J. P. Sutherland.

At the June meeting of the Massachusetts Surgical and Gynecological Society it was unanimously voted to join with the Boston Homœopathic Medical Society in extending a cordial invitation to the American Institute of Homœopathy to meet in Boston or its immediate vicinity during the year 1903, and the following committee of invitation was appointed: Drs. G. Forrest Martin, T. Morris Strong, Henry E. Spalding, Horace Packard and George R. Southwick.

At a special meeting of the Boston Homœopathic Medical Society, held at the call of its President, Dr. Frank E. Allard, at the College Building, June 30, the report of its Committee on Invitation to the Institute was presented by the Chairman, who reported that after several invitations had been presented to the Institute by Dr. A. B. Norton in behalf of several railroads and summer resorts, the floor was gained and the invitation of the Boston Society was extended by the Chairman of its Committee, Dr. J. Herbert Moore, seconded by Dr. J. P. Sutherland. The floor was then gained by Dr. Charles E. Walton with his invitation for Look-Out Mountain, followed by an invitation from Milwaukee. The nominations were now declared closed, and Dr. O. S. Runnels moved that the invitation from the Boston Society be accepted and that the Institute hold its meeting of 1903 in Boston or its immediate vicinity. The by-laws declaring that the meeting place for the following year must this year be decided by a test postal card vote, Dr. Runnels withdrew his motion and moved that the by-laws be suspended in order that the Institute might act upon the Boston invitation from the floor; this motion was unanimously carried. Dr. Runnels then offered his original motion, and the Institute unanimously voted to accept the invitation of the Boston Homœopathic Medical Society, and to hold its meeting of 1903 in Boston or its immediate vicinity.

A report of an informal committee on hotel accommodations, con-

sisting of Drs. Spalding, Sutherland, Bellows, Richardson and Moore, was presented which stated that the Somerset in Boston, and Nantasket Beach seemed the only available places for the meeting, with a unanimous preference for the former place, although there seemed to be in the Institute a very prevalent desire to meet at the sea shore, rather than in Boston proper.

Drs. N. Emmons Paine, T. Morris Strong, and Fred L. Emerson were appointed by the Chair (Dr. Frank E. Allard, Chairman), to nominate a "Local Committee of Arrangements"; they retired and brought in the following report: (in accordance with a previous vote of the meeting that fifteen members were chosen; five representing the Boston Homœopathic Medical Society, five the Massachusetts Surgical and Gynecological Society and five the Massachusetts Homœopathic Medical Society) Drs. J. Herbert Moore, George B. Rice, J. P. Sutherland, Howard P. Bellows and Frank C. Richardson, representing the Boston Society; Drs. G. Forrest Martin, Henry E. Spalding, T. Morris Strong, Nathaniel W. Emerson and Frank E. Allard, representing the Massachusetts S. and G. Society; and Drs. J. W. Hayward, Winfield Smith, David W. Wells, Henry A. Whitmarsh and Carl Crisand representing the State Society.

A meeting of the Local Committee of Arrangements was held, for the purpose of organizing, July 7, at the College Building. There were present: Drs. Hayward, Sutherland, Bellows, Rice, Allard, Wells, Whitmarsh, Crisand and Moore. Dr. Frank E. Allard was appointed temporary Chairman. Dr. Bellows suggested that each member present write the name of the member that he desired as Chairman, as Secretary and as Treasurer; and that the two receiving the largest number of ballots for each office be declared the nominees for that office. This resulted in the unanimous election of the following officers: Chairman, Dr. J. P. Sutherland; Secretary, Dr. J. Herbert Moore; Treasurer, Dr. T. Morris Strong. On motion of Dr. Moore, this Executive Committee was enlarged by two Vice Chairmen, and Drs. Henry E. Spalding and Frank C. Richardson were elected to these offices.

Dr. Bellows suggested that a "Ways and Means Committee" be appointed, with the Treasurer of the Local Committee of Arrangements as Chairman. Dr. Bellows suggested different methods of raising a guarantee fund of \$3,000, with one-half or one-third paid

in. Dr. Wells moved "that the Executive Committee be authorized to appoint a Ways and Means Committee, of which the Treasurer elect shall be Chairman." Amended by Dr. Hayward: "And such other committees as they may deem necessary, and that the Executive Committee be given full power to act concerning any matter as they may think best." This motion was unanimously carried as amended. Dr. Hayward suggested that there be a further examination made in the matter of shore resorts as a possible meeting for the Institute.

A meeting of the Executive Committee was held at the office of Dr. Frank C. Richardson, on Monday, July 28, at one o'clock noon; present: Drs. Sutherland, Spalding, Strong and Moore. Dr. Sutherland presented a letter from Secretary Gatchell of the Institute, notifying him of his official appointment by Dr. Cobb, President of the Institute, as Chairman of the Local Committee of Arrangements. The Chairman presented a letter from the President, Dr. Cobb, in which he stated that he, with such others of the Executive Committee of the Institute as cared to come, would meet the members of the Executive Committee of the Local Committee of Arrangements in Boston, at such date during the latter part of the summer, as the latter might desire. The Chairman was instructed to invite the President to meet the Executive Committee on the first Wednesday of September, or as early after that date as might be more convenient to him. The Chairman presented a communication from the President of the Institute, in which the President stated that he hoped something of the same plan for Alumni Night, which prevailed at Cleveland, might be carried out in Boston with some modifications. In conformity with the motion of Dr. Wells and amendment of Dr. Hayward, which were unanimously carried at the last meeting of the Local Committee of Arrangements, the Executive Committee proceeded to the appointment of the several sub-committees.

## BOOKS AND READING.

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Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked *NEW ENGLAND MEDICAL GAZETTE*, and sent to the publishers, Otis Clapp & Son, 10 Park Square, Boston.

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**DISEASES OF THE LUNGS.** By A. L. Blackwood, M.D., Professor of General Medicine and Senior Professor of Physiology in the Hahnemann Medical College, etc. Chicago and St. Paul: Halsey Bros. Co. 1902. pp. 338. Price, \$2.50.

In thirty-one comprehensive chapters the author presents the etiology, pathology, symptoms, diagnosis, prognosis, and treatment of diseases of the lungs, emphasizing important differentiating points, and giving the reader the benefit of his own experience in dealing with cases of this class.

While there is no portion of this book which will not give assistance in obtaining a more complete understanding of abnormal conditions of the lungs, the part which will be most welcome to homœopathic physicians will be that enumerating remedies, and outlining the sphere of usefulness of such. Dr. Blackwood has given a very conscientious and truthful picture of the therapeutic resources, without underestimating the attention which should be paid to auxiliary measures. The appearance of the book, as regards workmanship, reflects credit upon the publishers.

**THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS.** Vol. VII. *Materia Medica and Therapeutics; Preventive Medicine; Climatology; Forensic Medicine.* Edited by George F. Butler, Ph.G., Henry B. Favill, A.B., M.D., Norman Bridge, A.M., M.D., Harold N. Moyer, M.D. June, 1902. Chicago: The Year Book Publishers. pp. 270. Price, \$1.50.

Few people realize how much work is involved in publishing promptly each month, a volume of a series running through a year.

The publishers are wholly dependent upon the punctuality and good faith of each contributor, of the printer, of the bookbinder, and many other workers. In the present instance it was intended that the June volume should discuss progress in "Pediatrics and Orthopedic Surgery," but it has been necessary to issue instead, the volume on "Materia Medica, etc." That on "Pediatrics" will fol-

low shortly. Nothing will be lost by the exchange for volume seven as it now stands is a good and useful one. Its editors have been wisely conservative in not insisting unduly upon the claims of a large number of new remedies, and in giving considerable prominence to preventive medicine, climatology, and the medico-legal rulings, all decisions which may affect the general practitioner. It is for him that the series, as a whole, is intended, though a careful resumé is given of advanced knowledge of the different specialties.

**A PRACTICAL TREATISE ON SMALL POX.** Illustrated by Colored Photographs from Life. By George Henry Fox, A. M., M. D., Consulting Dermatologist to the Health Department of New York City, with the collaboration of S. D. Hubbard, M. D., S. Pollitzer, M. D., and J. D. Huddleston, M. D. Complete in two parts, Philadelphia: J. B. Lippincott Company. 1902. Price, \$3.00, delivered complete.

This comprehensive and timely contribution to the literature of small pox is gotten out in a style uniform with that of the "Photographic Atlas of Diseases of the Skin" just published by the same firm. This style has been found entirely satisfactory, for it does not burden the physician with plates too large to be handled with ease. These plates illustrating small pox are ten in number, each  $9\frac{1}{2}$  by  $12\frac{1}{4}$ , and are colored; while they are supplemented by six more in black and white. They are reproductions of photographs from life, some of them having been obtained under great difficulty. The process of obtaining perfect reproductions is an expensive one, but those in question are excellent specimens of the best workmanship.

At the present day, when cases of small pox develop with alarming frequency and in all sections of our country, it behooves every physician to be prepared to make an early and correct diagnosis in suspicious cases. Many physicians have never had an opportunity of observing any of the stages of this disease, therefore the very accurate description by Dr. Fox, of small pox in all its phases will be of great assistance, and especially so in connection with the admirable accompanying plates.

The illustrations show typical cases of variola, vaccinia, varicella, and those diseases with which small pox is liable to be confounded. The price of the work has judiciously been made very reasonable.

PROTOPLASM: ITS ORIGIN, VARIETIES, AND FUNCTIONS. By John W. Hayward, M.D., Author of several works on Medicine, Sanitation, House-building and Hospital construction, etc. Bristol, Eng.: John Wright & Co. 1902. pp. 51.

The above is an essay, not a book, and its substance formed a paper on "The Origin and Nature of Matter and Force, and Life and Mind," read before the Literary and Scientific Society of Birkenhead, England, November, 1901.

In its published form it is interesting reading, and may assist many to a clearer understanding of the relationship existing between matter in its lowest and in its highest forms of development.

THE MEDICAL BOOK NEWS. Philadelphia: P. Blakiston's Son & Co. 1902.

The "Book News" is a new and attractively gotten up trade journal, which will be published bi-monthly. Its aim is to inform physicians of the best works on medicine as they appear. Descriptions of important books will be given; news items; lists of books on special subjects, and much other matter of general interest. Physicians may have a copy sent them without charge upon application.

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PREVENTION OF MENTAL ABERRATION.—It is manifestly certain that the medical profession ought to have more responsibility in regard to the education of children and adults than now obtains. It is still too much the fashion to assume that the physician's responsibilities, like that of the fire extinguisher, to quote one of our colleagues, begins when disease or fire breaks out. He ought to be the man to prevent these mental aberrations, resulting from disease of the brain and nervous system, which finally culminate in such scenes as the murder of a brother (Paul Ford), and the immediate suicide of the murderer. Here the man of greater intellect was the victim, but the murderer was an athlete of the highest type, whose athleticism did not prevent him from the most serious mental disease.—*The Post-Graduate*.

## THE SPECIALIST.

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Under this heading will appear each month items bearing upon some special department of medicine: this month "Diseases of the Genito-Urinary System," and "Diseases of the Skin;" next month "Materia Medica and Practice."

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ROSACEA. — When this disease, or any other disease of the skin, is associated with, and in all probability due to, some constitutional or internal disorder, the general treatment should receive our most sedulous attention. Furthermore, the treatment of rosacea depends upon the stage of the disease present in any individual case. — *The Medical Bulletin.*

NATURE OF PROSTATIC HYPERTROPHY. — Prostatic hypertrophy of the aged is the result of chronic prostatitis. It most frequently arises from chronic posterior urethritis, of whatever cause. True neoplasms of the prostate are rare and are not concerned in the production of prostatic hypertrophy. Carcinoma is apt to occur in the hypertrophied prostate as a result of the chronic inflammatory process. — *Journal of the American Medical Association.*

PROSTATECTOMY FOR ENLARGED PROSTATE. — Prostatectomy, on the other hand, is a more surgical procedure, and as a matter of fact, appeals more to our taste. As far as I can say to-day, the suprapubic as well as the perineal method is good, the former especially in the presence of vesical stone. From an anatomic standpoint, perineal prostatectomy seems to deserve the preference. These methods, too, can be used in the presence of pyelitis, as a number of cases operated upon have demonstrated. — *St. Louis Medical Review.*

SYPHILIS OF THE HEEL. — A baby seventeen months old while under treatment for prickly heat was found to have a peculiar lesion on the heel, with inguinal adenopathy. The presence of a papular syphilide on the mother confirmed the diagnosis of chancre. Two weeks later the infant developed secondary syphilis. The mode of transmission was, perhaps,

an excoriated papule of the prickly heat rash which had come in contact with moist condylomatous patches in the mother's groins while sleeping in the same bed. — *Journal of Cutaneous and Genito-Urinary Diseases.*

AN OPINION ON THE CURABILITY OF SYPHILIS. — 1. Syphilis is a curable disease, and may even, with restrictions, be called a self-limited one. 2. Whilst cure in a given case cannot be affirmed with scientific accuracy, the chances of its being the fact after a certain time under proper treatment are so great that it may be properly claimed to have been affected. 3. Practically, a patient who has been properly treated throughout the active stages of the disease, and who has had no manifestations of its persistence for several years thereafter, may be regarded as cured, and may be told so. — *Dr. W. S. Gotbheil, in the Inter. Med. Mag.*

TREATMENT OF ROSACEA. — Choose a remedy on indications, though there are usually few in rosacea. With needful correction of habits, a suitable remedy will effect a cure in the early stage. In women this affection is often due to reflex causes (pelvic conditions, menstruation, etc.) and by treating these conditions the erythema will sometimes disappear. Local stimulation is sometimes helpful. Peroxide of hydrogen or tr. of green soap may be employed for this purpose. Sometimes we puncture the capillaries, allow bleeding and then apply pressure. Electrolysis with a fine needle introduced into the capillaries is of service at times. Whatever line of treatment pursued always take the general condition of the patient into account. This patient may be given cal. flour., 6th. decimal, with the expectation that it will improve the local circulation. — *North Amer. Jour. of Homœopathy.*

OPERATIVE TREATMENT OF ENLARGED PROSTATE. — If a patient between fifty and sixty complains of prostatic symptoms, and they necessitate operative relief, other conditions being favorable, and there is detected by rectal examination a small or medium-sized prostate which feels dense and



tough, the sulcus being a trough or filled up, and there is no stony area in either lobe, pass a catheter and estimate the length of the prostate urethra. Now insert a sound, and after searching for stone lay the beak flat and ascertain if a median lobe be present, or if the trigone be fairly level. If, in such a case, the prostatic urethra be only slightly lengthened, and the trigone level, perform perineal prostatotomy and drain for two weeks. The clinician must always be on his guard to avoid mistaking a commencing hard carcinoma for a hard fibrous prostate. Hard cancer of the prostate is not so rare as is supposed, and it is most insidious in the onset. — *The Practitioner.*

LOCAL TREATMENT OF LUPUS VULGARIS. — Almost, if not all, the caustic chemicals have been used. The most powerful of these cause, as a rule, excessive and unnecessary pain. The actual cautery and galvanocautery have likewise been advantageously employed. In the local management of this disease, however, I place the chief reliance upon the use of pure and undiluted carbolic acid. For whereas a moderately-strong solution of this substance in water will give rise to burning pain when brought into contact with the surface, the undiluted acid may be applied, not only with impunity, but with decided advantage. Employed in this manner it acts as a cauterant, destroying the pathological tissue upon which it is deposited, while at the same time it is an efficacious anæsthetic to the parts and prevents any pain from the operation. The acid may very conveniently and effectually be applied by means of an absorbent cotton wrapped around the end of a match-stick or carried in the grasp of a pair of forceps. — *The Medical Bulletin.*

CONTAGIOUSNESS OF PSORIASIS. — Psoriasis is one of the most common of skin diseases, but one the origin of which is obscure: The question is frequently asked by patients, "Is it catching?" and the invariable answer is "No." But are dermatologists justified in making such a dogmatic statement? In 1889 a French physician, Destot, scarified his arm and in-

oculated it with a psoriasis scab. In a few days an eruption appeared, having all the characteristics of psoriasis, and this eruption occurred four times in two years. The diagnosis was probably correct, but in all similar cases there is always the possibility of coincidence. A similar case has been recently reported in which a man is supposed to have acquired psoriasis through the operation of tattooing, he not having suffered from the disease previously. On the whole we cannot regard the evidence in favor of contagiousness of psoriasis as conclusive, one of the chief arguments against this view being the fact that it is very common for one married person to have the disease for years without passing it on to the other. — *Medical Press and Circular.*

FALLING OF THE HAIR. — Falling of the hair may sometimes have very serious relations. Occasionally cases come to me on this account where it is wholly due to a previously unrecognized syphilis — strange as it may seem. Again, falling of the hair, is sometimes the sign of a very serious break-down, nervous or other, and by means of attending to the hair, which may occasion more worry than the physical condition, and by a thoroughly proper line of treatment, dietary, hygienic, and medicinal, the patient may receive the greatest benefit to the general health. This is often seen in connection with alopecia after illness, where it will indicate an imperfect convalescence. There are many more points which could be brought up, but these suffice to show that only for its own sake, but also for the sake of the patient, it is always well to pay serious attention to the cases where there is loss of hair. Even in milder cases, very much can be done by patient attention and skill, both to check the falling and to restore, in a measure at least, that which has been lost. — *Dr. L. D. Bulkley in the Virginia Med. Semi-Monthly.*

A NOTE ON THE BACTERIOLOGY OF ONE FORM OF ECZEMA. — Whitefield has pursued special researches into the bacteriology of dry eczema, dry seborrhea, etc., of the face in children. Clinically the eruptions studied are characterized by

small well-defined discs of varying size, seated chiefly upon the cheeks, chin and neck, with special predilection for the skin about the mouth. In the latter locality the horny layer becomes fissured by the movements of the skin, and the scales which form are firmly adherent. The patches on the face show no tendency to symmetry of arrangement. While there may be extension at their periphery there is no tendency to heal in the centre. Although several cases may be seen in one family we have no evidence that this form of eruption is contagious. On the other hand it is certainly seen more commonly after the cold winds than at other times. A patch of eruption was curetted and bouillon cultures obtained from the scrapings. A coccus was recovered in specimens from every individual examined, which grew freely upon gelatin without liquefaction. This germ was non-pathogenic to guinea-pigs and was unable to produce any eruption when inoculated into the human arm. Nevertheless the author believes it to be a form of staphylococcus, and, further, identical with the germ claimed by Merrill as the cause of seborrheic eczema. This micro-organism was the only one constantly present in these cases.—*British Journal of Dermatology*.

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#### ABSTRACTS FROM BOOKS AND JOURNALS.

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RULES FOR BATHING.—Cold baths should never be taken when the body is fatigued, even during the summer. A warm or hot bath will always relieve fatigue, or muscular or nervous irritability and restlessness. Baths of any kind should not be taken within two hours after finishing a meal, and a meal should not be taken within one hour after a bath. In the latter case, it takes an hour at least for the complete reaction to take place and the circulation to become evenly distributed again. Bathing too soon after eating interferes with the digestive processes.—*Suggestion*.

INDICATIONS FOR NUTRIENT ENEMATA.—Nutrient enemata are indicated in severe cases of acute gastritis, in chronic gastritis, in gastric ulcers, hemorrhages of the stomach, in excessive vomiting, in paralysis of the esophagus, in strictures of the esophagus, in surgical operations upon the liver and gall-bladder, in cancers of the stomach, where it may be located, and in obstructions of the bowels until operative measures may be undertaken to remove the cause. It is one of the best methods in my judgment of treating all cases of laparotomy during the three or four days following the operation.—*Dr. Hickling in Virginia Medical Semi-Monthly.*

PUERPERAL SEPSIS.—Every case of peritonitis should at first be treated as though it were localized, and even if it afterwards proves to be general no harm has been done. Free catharsis at the outset, with ice-bags to the abdomen, is the method of treatment advocated by the majority of authorities of the present day. The onset of suppuration is an indication for evacuation and drainage, and these cases should never be allowed to drag on until the pus evacuates itself through some of the hollow viscera. This method of treatment, incision and drainage, is advocated by some before suppuration appears, the most persistent believer being Pryor of New York.—*Cleveland Medical Journal.*

ELECTRICAL SHOCK.—In the present state of knowledge little can be done to help any one who has received a heavy shock of electricity. The writer thinks from personal observation that one of the very best things is to invert the patient instantly, so as to make the blood gravitate toward the brain. He quotes examples in which recovery has been secured after a two-thousand-volt shock from hand to hand. The patient was inverted and his chest thumped and artificial respiration done. He recovered in forty-five minutes. Another man received the same violent current and fell down a staircase, remaining for twenty-five minutes without assistance head downward. He also recovered.—*Lancet.*

**MEDICAL PERIODICALS.**—The serial medical literature of the world, and more particularly that of the United States, is immense in amount, most valuable in character, and abundantly able to keep a faithful reader in full relation with his profession. Be extravagant in your subscriptions to medical periodicals and read them faithfully. The physician who does not read faithfully and systematically, may prosper and have a large practice, but he can never win the full measure of that kind of success which I am mapping out for you. Do not spend your time in reading text books, but good monographs as they appear, and take, and read the higher class of journals carefully.—*Dr. T. Galliard Thomas.*

**DEAF-MUTISM.** — The proportion of deaf mutes varies considerably in different races and different countries.

Hartmann, of Berlin, in his exhaustive study of the statistics of deaf-mutism, found in 246,000,000 people, 191,000 deaf-mutes, giving an average proportion of 7.77 per 10,000 individuals. The lowest proportion was found in the Netherlands and the highest in Switzerland, which showed an average of 24.5.

Deaf-mutism is more prevalent in mountainous regions than in flat countries. The United States, with its wide range of climate, altitude, and cosmopolitan population, showed a general average of 7.31 deaf-mutes for every 10,000 inhabitants.

The infirmity, whether of the congenital or acquired form, predominates in males. — *Pediatrics.*

**TREATMENT OF NEURASTHENIA.**—Rest is the sheet anchor in the treatment of neurasthenia. In the more severe cases we should employ the rest cure of Dr. Weir Mitchell; but we should remember that there are many hysterics and neuropaths who do very poorly under, or indeed may be harmed by, the rest treatment, even in a modified form. Neurasthenics, however, are all benefited by rest. In only severe cases, in which there is a profound disturbance of nutrition, should complete rest be employed, and, oddly, it is found to be more efficient with women than with men. As a rule, neurasthenia

in men rarely requires the full rest treatment, though a modified form may be employed with advantage.—*Journal of the Amer. Med. Association.*

THE PHYSICIAN AS A STUDENT. — The good physician is always a student., and his studies do not terminate with his college course. Medicine is a growing science; changes are taking place in theories and practice; new discoveries bring about changes in methods; there are advancements in every direction. The discoveries of modern science are opening many new avenues of investigation. This is a natural result of centuries of study. The doctor cannot afford to fall behind and retain antiquated methods from lack of energy and application. He should keep up with the times and exercise his faculties so that they will grow in strength and develop new powers. He will thus become a power in his community and an ornament to his profession. — *The Homœopathic News.*

FOR A NUTRIENT ENEMA.—I believe that one ounce of peptonized beef and three ounces of normal salt solution, as suggested by Dr. Oschner, to be the proper and probably the best form of food to administer. The beef may be prepared by using five ounces of finely-scraped lean beef and an ounce and a half of finely-chopped pancreas, entirely free from fat; one ounce of this mixture to be added to three ounces of normal salt solution, warmed to about 99° and injected into the rectum every four hours, night and day; or one ounce of any of the standard makes of predigested beef may be substituted for the beef and pancreas when it may be found more convenient — *Dr. Hickling in Virginia Medical Semi-Monthly.*

DIET IN GASTRO-INTESTINAL DISTURBANCES.—Early in the disease milk, prepared to suit the case, is usually the best diet. It may be given fresh, or with the addition of lime water or soda, or partially or completely peptonized; also the beef juices, broths, etc., may be given, and later the easily digested solids or semi-solids, looking to the digestibility rather than solidity of the material. Proteids are, as a rule,

more easily digested during fevers than starches or carbohydrates.

Custards and ice creams are good, and are usually relished by the patient. Eggs, soft poached or boiled, or the yolk of hard-boiled eggs; rare broiled steaks, sweetbreads, calves brains, etc., roasts. Toast, if well dried, then quickly browned, is good, and is better digested if given dry. The patient enjoys the performance of chewing, etc.—*Denver Medical Times*.

**PATHOLOGY OF OPTIC NEURITIS.** — In the first stage there is simply an edema of the papilla as far back as the entrance of the central vein. This edema mainly involves the connective tissue with some increase of myelin. Second stage: There is increase of the edema with hemorrhages; the hemorrhages extend into the retina. There is found frequent multiplication of cellular tissue, gray degeneration of medullary nerve fibres, with exudative swelling and breaking up of medullary sheath into small drops and granules, and tumefaction of the axis cylinder. In some of the specimens examined, the central blood vessels of the trunk were compressed and empty; in others they were normal. The orbital portion of the optic nerve is frequently free of inflammation. Later pathologists say the whole nerve is involved in choked disc.

I have seen in recent years five cases of papillitis in young chlorotic girls; their ages were from 12 to 17 years. My first three cases I have but little record of. The first two, one of 15, the other 17, complained of headaches and of pain on use of the eyes; vision was perfect in both cases. There were no external symptoms of the disease. The ophthalmoscope alone showed papillitis. In all five cases it was double, and in each case one eye was more involved than the other, and in all cases the nasal half of the nerves were more involved than the temporal, the left eye more than the right — *Louisville, Mo., Journal of Medicine and Surgery*.

THE UNRECONIZED CHANCER. — In the *International Medical Magazine* for October, William S. Gottheil calls attention to the frequent insignificance and fugacity of the syphilitic intitial lesion, which leads to its non-recognition in quite a large proportion of cases. Ignorance of its occurrence, and not voluntary falsification, is the cause of the frequent absence of a syphilitic history in undoubtedly specific cases. The author calls attention to the following points of diagnosis :

1. The presence of a tumor as the original lesion. In its essence, and invariably at the beginning, the chancre is a small round cell accumulation in the skin or subcutaneous tissue. Ulceration may occur, and usually does, or even phagadænism ; but these are accidental, and epiphenomena, and almost invariably the specific induration is appreciable at the base of the lesion.

2. The tumor is indolent, painful, and recalcitrant to treatment.

- 3 A peculiar and characteristic "stony" induration of the nearest lymphatic glands accompanies it, different from the general adenopathy that occurs later as a consequence of the systemic infection. Other lesions, as gumata, do not show it.

4. Chancre runs its full course in a few weeks, whilst tuberculosis takes months, and carcinoma even years, for its development.

5. The well known signs of general luetic infection, osteocopic pain, cephalalgia, synovitis, general lymphadenitis, exanthem, etc., must be carefully and persistently searched for in every suspicious case. They may be so slight as to entirely escape careless examination.

PROGRESS IN CREMATION is shown by an epitome of the statistics given in *The Lancet* of July 5, by Sir Henry Thompson. There are seven crematories in Germany and the total number of incinerations in 1901 was 693. In the seven institutions of England there were 445 incinera-



tions. In the 24 crematories of the United States the following figures are given :

No.	Location.	1901.	Total from commencement
1	Fresh Pond, N. Y. . . . .	654	4,557
2	Buffalo, N. Y. . . . .	50	534
3	Troy, Earl Cemetery, N. Y. . . . .	19	166
4	Swinburne Island, N. Y. . . . .	3	114
5	Waterville, N. Y. . . . .	1	39
6	St. Louis, Mo. . . . .	141	1,195
7	Philadelphia, Pa. . . . .	119	1,037
8	San Francisco, "Odd Fellows," Cal. . . . .	666	2,201
9	San Francisco, "Cypress Lawn, Cal. . . . .	91	723
10	Los Angeles, Cal. . . . .	65	552
11	Boston, Mass. . . . .	171	.
12	Cincinnati, Ohio . . . . .	89	736
13	Chicago, Ill. . . . .	182	877
14	Mt. Auburn Cemetery, Mass. . . . .	119	169
15	Pittsburg, Pa. . . . .	24	239
16	Baltimore, Md. . . . .	20	200
17	Lancaster, Pa. . . . .	2	101
18	Davenport, Iowa . . . . .	29	162
19	Milwaukee, Wis. . . . .	45	223
20	Washington, D. C. . . . .	33	149
21	Washington, "Le Moyne," D. C. . . . .	1	43
22	Pasadena, Cal. . . . .	46	158
23	St. Paul, Minn. . . . .	20	76
24	Fort Wayne, Ind. . . . .	5	18
		2,605	14,265

Gathering the obtainable figures together we find that the following were the incinerations in 1901 :

Country.	No. Crema- tories.	No. Incinera- tions. 1901.
Germany . . . . .	7	693
England . . . . .	7	445
Italy . . . . .	22	243*
Switzerland . . . . .	3	144†
Sweden . . . . .	2	
Denmark . . . . .	1	34
Paris . . . . .	1	297
United States . . . . .	26	2,605‡
Total . . . . .	69	4,461

\* In 12 only. † In 2 only. ‡ In 24.

It is gratifying to find that in our country there are more than twice as many incinerations as in all the rest of the

world combined, and that the number everywhere is rapidly increasing. In Germany a petition signed by over 3,000 medical men has been presented in the Reichstag to render compulsory the cremation of those who have died of infectious disease. We think similar laws should be enacted in the United States. In Canada the clergy (Roman Catholic) have opposed the practice of cremation, but the legislature of Quebec has declared it legal and a crematory has been inaugurated at Montreal. In Austria-Hungary the practice has not been legalized. In this respect Spain is more progressive, a royal decree in August, 1901, conferring legality, and basing it on hygienic grounds. In Russia, despite the opposition of Holy Synod, the government will soon decree that the custom may be optional. — *Amer. Med.*

INCUBATION PERIODS OF INFECTIOUS DISEASES. — I. Elbridge G. Cutler, in an article in the *Boston Medical and Surgical Journal*, presents the following conclusions, signed by a committee consisting of Drs. Samuel H. Durgin, chairman; J. H. McCollom, Elbridge G. Cutler, John Lovett Morse and Richard C. Cabot.

*Typhoid Fever.* (1) The period of incubation is most often 12 to 14 days, frequently 9 or 10 days, occasionally 8 and possibly less. (2) The period of observation is uncertain; and under some circumstances should extend over 28 days, namely, when the water supply cannot be changed. (3) The period of isolation, in the ordinary acceptation of the term, should extend through the period of convalescence; and proper disinfection of the stools and urine, and possibly of the sputum, should be practised for at least a month after the symptoms have ended. (Recent observations have shown that the bacilli may persist in the urine for a much longer time, hence to insure absolute safety the patient should be considered a possible source of danger until the bacilli have disappeared from the urine.)

*Mumps.* (1) The usual period of incubation is 3 weeks. The shortest period is 14 days. The longest period known

is 25 days. (2) The period of observation should be 25 days. (3) The period of isolation should be 28 days, and, if all glandular swellings have subsided and there is no tenderness of the breasts or other parts of the body, the patient may be released.

*Scarlet Fever.* (1) The period of incubation is 2 or 3 days, as a rule, but it may be 8 (and possibly 20 — McCollom). (2) The period of observation should be ten days, provided there is absence of fever and sore throat and all fomites are disinfected. (3) The period of isolation, so far as danger to others is concerned, should be from the appearance of the eruption until desquamation has ceased, the nose and throat should be healthy, all complications should be over; thorough disinfection of house, patient and belongings should have been done before the patient is released.

*Whooping Cough.* (1) The duration of the incubation stage is 4 to 10 days. (2) The period of observation should be 21 days. (3) The period of isolation should be from the commencement of the whooping or spasmodic stage, and should last till the characteristic cough should cease.

*Measles.* (1) The incubation period is 11 or 12 days. It may be 10 or possibly shorter. On the other hand, it may be as long as 14 days. (2) The period of observation should be 16 days. The period of isolation should last till desquamation and catarrhal symptoms have come to an end.

*Chicken-pox.* (1) The period of incubation is usually 14 days. It may be from 11 to 19 days. (2) The period of observation should be 20 days. (3) Infectiousness lasts until convalescence is over and all scabs, especially of the scalp, have been detached. This, then, should be the period of isolation.

*German Measles. (Rotheln).* (1) The incubation period is 18 days, usually, but it may be possibly 5 to 21 days. (2) The period of observation should be 23 days. (3) The isolation period should be 14 to 21 days, according to the severity of the attack.

*Smallpox.* (1) The stage of incubation is 11 or 12 days,

usually. It may be 8 days and perhaps 20 days. (2) The period of observation should be three weeks. (3) The patient may be released from isolation when all primary crusts have fallen off and patient's hair and skin surface has been thoroughly disinfected as well as all infected articles.

*Diphtheria.* (1) The period of incubation of diphtheria of the throat or larynx is usually 2 days. It does not often exceed 4 days, but occasionally reaches 7. (2) For a single exposure the period of observation should be 12 days. (3) The period of isolation after an attack of diphtheria should last till 2 consecutive negative cultures from the nose and from the throat have been obtained before release of the patient.

*Influenza.* (1) The period of incubation is 2 or 3 days usually. (2) The period of observation after exposure should be 6 or 7 days, according to the virulence of the epidemic. (3) The period of isolation of the sick should last till catarrhal symptoms are ended.—*Abs. by Phil. Med. Jour.*

THE POPULAR ABUSE OF THE DEFENCE OF INSANITY.—The tragic death of a popular novelist cannot be discussed as a mere commonplace event. It must needs be interpreted by the newspapers as a crime out of the ordinary. The murder of Paul Leicester Ford by his brother demands some euphemistic treatment when it is narrated in cold print; and, consequently, in less than forty-eight hours after it is committed, we find the newspaper scribes fitting the murderer out with a very handsome diagnosis of insanity.

We have no opinion to express about the murderer of poor Ford, for we know nothing about him. Our point is simply this, that the newspapers also know nothing about him, and that, when they jump to the conclusion that he was insane, they are doing the very thing of which they are sometimes so fond of accusing medical experts — they are manufacturing a defence for him.

The defence of insanity is, in fact, never so much abused as by the public and by the newspapers. This journal would like to see some sanity introduced into the discussion of this

whole subject of criminal insanity, but we are assured that the way to do it is not to leap to the conclusion that because a man commits a particularly horrifying crime, therefore he is insane. It is not the medical profession, but the lay press that needs more caution and conservatism. — *Phil. Medical Journal*.

COLEY presents the following conclusions as to the therapeutic value of the Röntgen ray in sarcoma: (1) That the results in the cases thus far treated prove that the Röntgen ray has a remarkable inhibitory action upon the growth of all forms of malignant disease and that this is especially true of sarcoma. (2) That the action in many cases of even far advanced and inoperable malignant disease may result in the total disappearance of the tumors, often without any breaking down of the tissues, the new growth being apparently absorbed. (3) Whether the patients have been cured, or the disease has been merely arrested, to reappear at some future date, is a question that time alone can decide. (4) Recent observations and experiments upon the various forms of carcinoma and sarcoma prove that an agent supposed to be of value only in a limited class of superficial epitheliomata promises to be of as great or even greater value in practically every variety of cancer. (5) While at present there is little evidence to show that deep-seated tumors in the abdomen and pelvis can be cured or benefited by the Röntgen ray, there is still more reason to hope that with improved apparatus or with greater knowledge and skill in using the apparatus than we now have, even these cases may be benefited. (6) The Röntgen ray has a very marked influence upon the pain of nearly all types of malignant tumors, causing entire relief in many cases. [T. L. C.] — *Phil. Med. Jour.*

## SOCIETY NOTES.

TOLEDO, Ohio, Aug. 21, 1902.

MY DEAR DOCTOR :

You are undoubtedly aware that under the new Constitution and By-Laws of the A. I. H., steps were taken at Cleveland to complete the organization of the Obstetrical Society of the A. I. H., the preliminary organization of which was formed at Richfield Springs ; new officers were elected, but no Constitution or By-Laws has been adopted. In order to have the subject of Obstetrics presented at the next session of the Institute, we must proceed at once to secure material for our meeting. The Association is entirely without funds from which to draw to perfect the organization, prepare programs and to meet other expenses necessarily incurred in getting ready for the meeting at Boston. We therefore request that each one who has signified his intention of becoming a member of the Obstetrical Society of the A. I. H. send to the secretary and treasurer, Dr. B. H. Ogden, of St. Paul, Minn., two dollars towards defraying these expenses. It is agreed that this amount is to be applied upon dues and initiation fees for 1902, the amount of which is to be determined when we adopt our Constitution and By-Laws, and which will certainly be small. A receipt to this effect will be returned to you upon the receipt of the money.

We urge you to be prompt in this matter. The other organizations adjunct to the American Institute have already adopted their Constitution and By-Laws and fixed their fees and dues, and are in working order, while we, as an organization are incomplete.

Furthermore, Doctor, we very much desire that you send to the secretary and treasurer at once a topic upon which you are willing to prepare a paper for the meeting. If you are not decided as to a topic for a paper, please signify your willingness to write a paper or discussion, that we may estimate how much material we shall be able to get together for the meeting.

We hope that all physicians interested in obstetrical work will lend a helping hand to our Society and make it the success which it so richly deserves.

Yours very truly,

WM. A. HUMPHREY, *Prest.*B. H. OGDEN, *Sec'y and Treas.*

OBITUARY.

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DR. EDWARD PAYSON SCALES, one of the oldest physicians in Newton, died last evening at 9 o'clock, in the Newton Hospital, aged 71 years. For three days he had suffered from injuries sustained on Tuesday last in the Newton Public Library, where he slipped and fell while walking down a flight of stairs — striking his head on the stairs. These injuries were the immediate cause of his death. Dr. Scales was removed to his home in an unconscious condition, and later was removed to the hospital where trepanning was performed. The sufferer continued unconscious, however, and he gradually failed until the end came.

Dr. Scales was born at Henniker, N. H., July, 17, 1831. He attended the schools of that place and fitted for college at the Kimball Union Academy. While a student he taught school in Norwich and Hartford, Vt., and Plainfield and Newport, N. H. After graduating he was associate principal in a boys' boarding school at Prattsville, N. Y. In 1856 he went to Woburn and took up the study of medicine with his brother, Dr. T. S. Scales. He attended medical lectures at Dartmouth College, and later studied medicine at Cleveland, O., where he received the degree of M.D.

He married, in 1859, H. Lizzie Fowle of Woburn, and soon after established himself in practice at Norwood. He moved to Winchester, and in 1863 came to Newton. Dr. Scales was held in high esteem, and was actively interested in the Newton Hospital and the Eliot Congregational Church. Three sons and three daughters survive him.

PERSONAL AND GENERAL ITEMS.

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DR. MARTIN DESCHERE, one of the most prominent specialists in children's diseases of the homœopathic school and a member of the faculty of the New York Homœopathic Medical College, died in New York, July 21.

THE American Electro-Therapeutic Association, will hold its twelfth annual meeting, on Sept. 2, 3, 4, 1902, at Hotel Kaaterskill, Catskill Mountains, New York. Scientific papers are already promised of the usual absorbing interest, while the social features arranged are quite unusual in character and pleasure, including local excursions, concerts, balls, banquet and parlor entertainments.

PROF. WALDEYER, at the last sitting of the Prussian Academy of Sciences, submitted measurements of the skull of the philosopher Leibnitz, which was discovered recently in repairing a church in Hanover. The cranial cavity measures 1422 cubic centimetres, indicating a brain weighing 1257 grammes, which is unusually small. The contour of the skull shows that Leibnitz was of Slavic origin.

DR. GEORGE R. SOUTHWICK, of Boston, sailed for Europe August 6, on the fine new steamship "Hanoverian" of the Leyland line, on a "hospital visiting trip." Besides investigating recent work in surgical gynecology and obstetrics, he will make a special study of the application of the X-ray, and ultra-violet or Finsen rays for malignant disease and tuberculosis. Meanwhile, Dr. Herbert D. Boyd will conduct Dr. Southwick's X-ray work for cancer.



# THE NEW ENGLAND MEDICAL GAZETTE

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## ORIGINAL COMMUNICATIONS.

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### PRESIDENTIAL ADDRESS.

BY GEORGE S. ADAMS, M. D., PRESIDENT AND SUPERINTENDENT OF  
WESTBOROUGH INSANE HOSPITAL.

[Given before the Massachusetts Homœopathic Society.]

*To the officers and members of the Massachusetts Homœopathic Medical Society :*

In relinquishing the office which you assigned to me a year ago, I desire to express my acknowledgment of the honor, and my grateful appreciation of your kindness and forbearance with my shortcomings in the discharge of the duties which the position imposed upon me.

The condition of our society during the past year has not materially changed. While we are not able to report a large addition to our membership, the interest, individually and collectively, is stronger, and the influence and power for good of the association have in no degree lessened, while its reputation among its sister societies is of the best.

Death has removed several active members, allusion to which has already been made in the report of the necrologist. I cannot refrain, however, in this connection from expressing my personal sense of the loss of our esteemed colleague,

Alonzo Boothby, so able and fearless, so earnest and forcible, yet withal very large hearted and kind. Dr. Boothby had an essential and important place in the history and work of our society, and of our medical school. His services in the interest and advancement of homœopathy, both in our state and in the nation, are generally acknowledged. His name will long be remembered, and his wise counsel missed.

Medical science in general has advanced in no decreasing march during the past twelve months, and homœopathy as a distinct therapeutical school has maintained the same position of usefulness and ration of progress which has characterized it in former years. One of the greatest of discoveries in recent times, the Röntgen ray, in its application to the treatment of cancer within a brief period, promises most satisfactory and beneficial results, while many other minor discoveries have been presented for the amelioration and the cure of disease.

No legislation affecting the medical profession has culminated within the year, but several measures are now pending in the legislature. The perennial efforts of the opponents of vivisection have been in evidence, and several public hearings have been given before committee, and the subject has been freely reported by the press. It is believed that the present laws will be deemed not incompatible with humanity, and that the requirements for medical education and advancement will be met. Two bills are now in committee to amend the medical registration law. One strikes out entirely the nine sections of Chapter 76 of the Revised Laws that relate to this subject. The other bill would permit everyone to practice medicine, provided they do not append the title M. D. to their names. Happily, this long step backward is not likely to be taken. The present law requiring those who practice the healing art to have a knowledge of the human body and its diseases, is entirely right and proper, and I trust and believe that no change will be made.

The old idea that a physician should be excluded from jury

duty because it was thought that familiarity of suffering would make him indifferent to certain phases of it, has found its opposite in a bill requiring that their names be placed upon the jury list. Physicians have properly been exempt, as their duties more than those of any other profession or calling would make such service burdensome and injurious, and physicians should oppose this proposed legislation.

Much effort has been made to annul the compulsory section of the vaccination law; I hope without success. Smallpox has been widely prevalent during the past year, and last year reached in Boston the character of an epidemic, which compulsory vaccination has been efficient in abating. Surely, the fact that physicians and students to the number of one hundred or more have been permitted to study smallpox in the hospital for the disease in Boston, after receiving the protection of vaccination and without a single case of the disease resulting, while the only unvaccinated person took the disorder, is positive proof of its efficiency. That vaccination may and is sometimes carelessly performed, introducing and also permitting infectious germs to be introduced by lack of after care, is true, but blame should not be laid to the thing itself when properly done under such aseptic conditions as are required by modern surgical methods.

“A homœopathic physician is one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics, and observes the law of Similia. All that pertains to the great field of medical learning is his, by tradition, by inheritance, by right.”

This is the definition of a homœopathic physician authorized by the American Institute of Homœopathy in 1899, and is to me a most satisfactory one. It is one that makes homœopathic practice the specialty of therapeutics, not a specialty, but *the* specialty, and by so defining the homœopathic physician's duties, imposes upon him the greatest responsibility for the curative treatment of disease. Surgery and preventative medicine alone in results approach homœo-

pathic treatment of diseased conditions, and should be considered strictly as adjuncts, as should be also considered all other aids in the treatment of disease.

In no other class of diseases are the benefits of homœopathy more in evidence than in the treatment of mental diseases. The insanities are most of them not amenable to curative treatment. Only a small fraction can be said to be at all hopeful. Then another portion whose recovery should be considered doubtful, and from these two classes all our recoveries must come. The history of each homœopathic hospital established shows that in relation to the other insane hospitals of the same state, the only correct method of comparison, the results have shown uniformly more recoveries in the homœopathic institutions.

A gentleman much interested in the Massachusetts institutions and in homœopathy, has had the patience to go over the statistical tables of the different insane hospitals of Massachusetts for the hospital year just ended, and has called my attention to the results. The figures have been verified, and may be considered as correct, and I find some of them as worthy of being considered. I present some of the statistics.

Percentage of reported recoveries admitted.

Westborough . . . . .	20.12
Worcester . . . . .	15.48
Taunton . . . . .	17.30
Northampton . . . . .	18.48
Danvers . . . . .	10.80

Some of the recoveries were from alcoholic insanity, a special class. Of these there were sent out in number as follows from the different hospitals :

Westborough . . . . .	10
Worcester . . . . .	40
Taunton . . . . .	24
Northampton . . . . .	11
Danvers . . . . .	37

an average of 33% of all recoveries in the four other hospitals, while Westborough had as recovered but 15% of this class.

The average per cent. of recoveries in these four hospitals, after deducting the alcoholic recoveries, was 9.32. Of Westborough 18.69. That the Westborough hospital did not discharge as recovered cases not so discharged by the other hospitals, is shown by the table "Relapsed Cases," that is, those afterwards returned. Of these there were of recovered cases the following percentages :

Danvers . . . . .	34
Westborough . . . . .	39
Worcester . . . . .	40
Taunton . . . . .	42
Northampton . . . . .	51

showing that the relapsed cases were not excessive among the Westborough recoveries.

Even a better showing than this would be made did we consider that twenty-eight voluntary cases were admitted to Westborough, and reported as not insane, while only one each was admitted to two of the other hospitals. These favorable results are not confined to the Westborough hospital alone. It has been, and is being, secured in Middletown and Gowanda, N. Y., and in Fergus Falls, Minn., the three other leading homœopathic insane hospitals in the country, and the only other state where the statistical tables are sufficiently full to make a fair comparison.

EDITORIAL NOTE. — [What Superintendent Adams has so clearly set forth as regards the successful results of homœopathic treatment we believe would be found to be equally true of the treatment in our general hospitals, were such accurate records kept of each individual case. Records are most carefully and painstakingly kept at the Westborough hospital, and as a result we see what conclusions it is possible to reach. We believe that such results should be possible from the records of our general hospitals, particularly of the medical side, but so far they do not seem to have been secured.]

## TREATMENT OF LUPUS AND CANCER BY THE X-RAYS.

BY BENJAMIN T. LORING, M. D.

[Read before the Boston Homœopathic Medical Society.]

In the six years that have passed since Röntgen announced his discovery of the X-rays, the field of their usefulness has been steadily enlarging. Almost immediately after their discovery experiments in many directions were begun. In some, the experimental stage has passed, and the healing influence of the rays been amply demonstrated. In others, notably tuberculosis of the lungs, there are reports directly opposite and conflicting. In the effects of the rays upon bacteria the same is true.

F. R. Zeit, in the *Journal of the American Medical Association* for Nov., 1901 (1), concludes "that the Röntgen ray has no direct bactericidal properties," and explains the good effect on lupus, favus, psoriasis and chronic eczema by "the action of ozone, hypochlorous and nitrous acids, necrosis of the deeper layers of the skin and phagocytosis."

Another equally reliable writer says, in the *Medical Record*, Jan. 18, 1902 (2), "that the Röntgen rays possess bacterial properties cannot be doubted any longer — and, in fact, staphylococcus, bacillus coli communis, and cholera vibrio die after being irradiated for one hour only."

In some particular lines one has succeeded where the majority have failed.

Dr. Leonard, of Philadelphia, has had unusual success in the detection of renal and ureteral calculi.

Dr. Carl Beck, of New York, has obtained good skiagraphs of gallstones.

A large experience has no doubt contributed greatly to their results, Leonard having reported on 206 patients examined for stone (3), and Beck stating (4) that he had made since 1896 over 10,000 X-ray examinations and taken 5,000 skiagraphs.

The many conditions besides cancer which this new form of treatment has been reported as curing, include various skin diseases, goitre, tubercular glands and joints, prostatic hypertrophy, nephritis, rheumatism, and phthisis.

It should not surprise homœopaths that an agent which will produce itching, redness, burning sensations, and if carried far enough, cracking, ulceration and sloughing, will relieve such diseases as pruritus, eczema, lupus, and other superficial malignant growths and ulceration.

I have said that in some points there is wide diversity of experience and opinion. Upon those chosen as the subject for this paper there is substantial agreement. Without exception, every reputable authority that I have been able to consult, agrees that sufficient time has not elapsed to insure that the good results obtained are permanent. Already a few relapses have been reported, but all yielded readily when treatment was renewed. Most of the cases reported as cured have remained so up to the present, some dating back three or more years.

So far as I have seen, all physicians and surgeons familiar with the X-rays advise operative treatment for extirpation of malignant growths, other than superficial, when possible. X-ray treatment is advised for superficial growths, recurrent inoperable cases, and primary cases too far advanced for any hope of successful operation. It is also being tried by those who flatly and finally refuse operation, preferring death to any form of operation involving complete anesthesia.

For the reasons mentioned, most of the cases reported as cured by the X-rays have been relieved after the surgeon has refused operation, either by reason of recurrence or too great involvement for successful operation.

Dr. Geo. C. Hopkins, in the Phila. Med. Journal (5), reports a case of recurrent carcinoma of the breast cured by X-rays.

Dr. Clarke, in the British Med. Journal (6), reports remarkable improvement in a case of carcinoma of the breast.

Dr. Chas. W. Allen, of New York (7), at a meeting of the New York Post Grad. Clinical Society, says: "I have thus far treated six cases of epithelioma — one upon the chin, two upon the nose, one upon the finger, one upon the forehead, and one upon the cheek. Four were recurrent cases and one was primary. One disappeared from observation; the others have done well and might be considered cured, but are still taking ray treatment, and I trust will continue to do so for some months."

Commenting on the above, Dr. Wm. I. Morton, Professor of nervous and mental diseases and electro therapeutics in the New York Post-Graduate Medical School and Hospital, says: (8) "I have found the X-rays eminently successful in treatment of cancer. I think we have found in it a cure for the malady, but yet we must wait for further proof before this is established without doubt. I have had fifteen victims of cancer under treatment, and of these three are cured, while all the others are progressing favorably."

Dr. Carl Beck, of New York (9), reports a hopeless case of melanotic sarcoma of the leg, in which metastatic nodules disappeared, and well developed sarcomatous tissue shrank and cicatrized.

Dr. G. B. Ferguson, President of the British Medical Association, says in the British Medical Journal: (10) "The salutary influence of the Röntgen rays on cancer is quite remarkable, and to judge from what I have already seen I will venture to predict that the day is not far distant when their use for diagnosis will be a small matter in comparison with their employment for the relief and arrest of cancerous and allied growths and ulcerations."

Dr. Francis H. Williams, of Boston, in his book entitled "The Röntgen Rays in Medicine and Surgery," devotes sixty-three pages to the therapeutic uses of the rays. He cites (11) several cases, fully illustrated, with pathological reports by Dr. Mallory. Especially convincing are the excellent photo-micrographs, showing the character of the



growths before treatment, and the displacement of carcinomatous by connective tissue after exposure to the rays.

In the treatment of cancer other than superficial, few have as yet made any report. Dr. Gilman, of the Hahnemann Medical College and Hospital, Chicago, however reports (12) the apparent cure of deeper growths. More recently, Dr. Coley, of New York, reports a series of ten inoperable cases of sarcoma treated by the X-rays, with several recoveries (13). The test of time has not yet been sufficiently applied to render such reports conclusive.

Regarding lupus, I will say only that I have yet to hear of any case which has resisted the treatment by the rays, allowing the cases reported to speak for themselves.

In rodent ulcer no case has as yet come under my care. What reports I have seen agree that in this as in lupus, the action of the rays is uniformly successful. The relief of pain, even in advanced and incurable cases, is an almost constant phenomenon.

The greatest caution is required in cases where prolonged and numerous treatments are necessary, to avoid setting up a severe and intractable dermatitis, or "X-ray burn." As far as known, these burns depend on the individuality of the patient, the character of the tube, the degree of exhaustion of the tube, the amount of current used, the length of time of exposure, and the distance of the part exposed from the tube. They seldom develop immediately after exposure, and may not for several weeks. Between five and fifteen days is the most common latent period. This peculiarity largely explains their occurrence, especially among cases treated by persons not familiar with the powerful character of the agent they are using.

A coil, such as is used in hospitals, is almost identical in construction with the transmitting apparatus for wireless telegraphy, of enough power to transmit electrical vibrations for many miles. Insulation will not altogether prevent them, Dr. Rollins, of this city, having produced (14) in guinea pigs

different degrees of inflammation and death where the insulation was as perfect as possible. The statement that only by setting up a dermatitis can a cure be established, has been demonstrated to be untrue.

It is probable that a very few burns will occur in spite of all reasonable precautions. A knowledge of the disease being treated is, or should be, a pre-requisite to the right to expose any patient to the action of the ray for therapeutic purposes.

The importance of this point is becoming generally realized. Already in some European countries legal restrictions have been imposed. An editorial in *Archives of the Röntgen Ray*, published in London, says (15), "As the methods of regulation and control of the kind and degree of action that is desired are more accurately defined, the sphere of usefulness of the Röntgen rays must extend; but whatever the use that is made of them in photography, it is absolutely essential that no one who has not had wide experience in their application, and who is not at the same time well acquainted with the nature of the disease to be treated, should ever apply them to therapeutic purposes. The unfortunate accidents which have occurred from time to time, and which, seeing that the Röntgen rays were entirely outside our sphere of knowledge, were in the majority of instances unavoidable, will then become ancient history; and the Röntgen rays will take their place among the agencies which can be beneficially used for the relief of suffering, as they already have won their way into the ranks of those that are regarded as essential for diagnosis."

Such accidents are already the great exception. Even with such exceptions, and granting that some reports may be overcolored by enthusiasm, in the Röntgen rays a notable addition has been made to the resources of the physician in the treatment of some cases that hitherto have progressed almost invariably by a painful course to a fatal termination

CASE I. — Patient Mrs. E., age 70. Family history negative. General health good. Small ulcer at outer angle of left alæ nasi, of twenty or twenty-five years' duration. Discharged continuously. Much itching and some pain. First treatment June 2, 1901, and three times weekly till July 25, when pain was absent and ulcer entirely healed over. Continued well until the death of the patient from other causes on January 19 last. The time of treatments was ten minutes each, the distance from the platinum about five inches. A tube of low vacuum was used.

CASE II. — Patient Mrs. C., aged 35. Married. Ten children. General health good. For seven years has been troubled with an ulcerated area in the centre of the left cheek. This area alternately discharges and scabs over. Is about two c. m. in diameter. Has sharp neuralgic pains in the same situation. First treatment June 13, 1901, and three times weekly for two months, when the skin was smooth and the pain absent. Seen again in October, 1901, and last on March 9, 1902, and appears to be entirely cured. In this case the longest exposure was five minutes.

CASE III. — Patient Mr. G., age 66. Family history negative. Patient's history, injury to right leg when seventeen years old, which required amputation above knee. Recovery very good and engaged in active work as a mechanic for years. In 1884 there appeared a small, red, elevated sore spot on the left alæ nasi at its junction with nasal bone and cartilage. It looked like a mosquito bite for a period of about three years. It then began to spread on nose, with finally a resulting scab, which covered nearly the whole of the left surface of nose. This continued until the ulceration went through the soft parts and opened into nasal cavity of left side. This took up a period of about four years (seven years from first indications). Absence of pain all through this period. There was no treatment that checked the progress of the condition, and operation on the nose followed. It then

began to spread, until the entire face from the hair line down was more or less involved. X-ray treatment was first used in December, 1900, by Dr. Williams. There was marked improvement from the start. It soon began to itch in and around these ulcerated areas, and good healthy granulations followed, with a skinning over of almost the whole diseased parts. Treatments were given as often as every other day, and exposures of from five to eight minutes. Mr. G. left Dr. Williams in April, 1901, in an improved condition. He began treatment again in July, 1901. At that time there were three large areas on each cheek; the inner canthi of both eyes also showed ulcerated areas. These have all cleared up save for the left eye, which has given him a good deal of trouble, due to the fact that the cartilage of the upper lid seems to be involved. There remains at present a point about the size of a small pea which still discharges, Sept., 1901. After several more treatments this last small area healed over also.

CASE IV. — Patient Mrs. H., age 30. Married. Several children. Admitted to hospital June 13, 1899, with lupus as large as palm of hand, the left ear in the centre of diseased area. Operation by Dr. Packard. Ear came away. Bones of middle ear also came away during curetting. Area scraped thoroughly, and several days later skin grafted. Healing was immediate, excepting the middle ear, which continued to suppurate. Discharged from hospital June 30, 1899. Re-admitted with extensive recurrence May 28, 1901. Area curetted and caustic applied by Dr. Briggs. Discharged May 30. Seen again on October 7, 1901, when there were two ulcerated areas, irregular in shape, one area measuring slightly less than an inch in diameter, the other about 1 by 1½ inches. The discharge from the middle ear was profuse and foul, and there was much pain along the facial nerve. First X-ray treatment October 7, 1901, and three times weekly till November 8; time ten minutes; dis-

tance four inches. Discharge changed in odor and character, and tubercular nodules were replaced by a smooth, granulating surface. Pain somewhat relieved but still present, especially on exposure to cold air. From November 10 to 16 exposed for ten minutes daily, at the end of which time dermatitis appeared over all the area exposed, and treatment was suspended. Total treatments twenty-two. Seen at intervals of about two weeks since that time. On December 15 the edges were flatter and beginning to draw in. On February 10, 1902, the discharge from the auditory canal was absent. On February 27, the posterior ulcer was entirely closed over, and new blood vessels were prominent in the freshly formed tissue. Pain is absent. Very little discharge from remaining unhealed surface. March 31, the ulcers are entirely closed over, and the middle ear covered with a smooth, pink epithelium.

CASE V. — Patient Mr. I., age 55. Laborer. Married. Nine years ago a growth appeared on left side of face. Two years after appearance it was excised at the city hospital. After five years, re-appeared, and was again removed, but recurred in a few months. Seen by Dr. Powers at the Dispensary, and by Drs. French and Emerson at the hospital. Diagnosis, probably sarcoma. Entire right side of face involved, and mouth drawn out of shape. Small area of ulceration near the angle of the mouth. Glands in neck enlarged greatly, two being fully as large as an egg. Pain constant and severe, preventing sleep. Between February 4 and 27 given twelve treatments. Only result seen was relief of pain for a few hours following exposure. Patient became discouraged and after February 27 did not return.

CASE VI. — Patient Mrs. C., age 86. Widow. Health poor. First noticed small growth in left breast in April, 1901. Seen in October by Dr. Bell, and again in January, 1902, during which time it has increased somewhat. On February 5, when treatment began, it was about the size and

shape of a large English walnut, hard, but freely movable in the upper inner quadrant of the left breast. The pain which accompanies it is very annoying, though not severe. Is not sore to touch. Between February 5 and April 3 has had nineteen exposures, varying from four to seven minutes in length, at a distance varying from seven to twelve inches from the platinum. The pain decreased steadily, and since February 28 has been absent. The size of the growth has decreased slightly. No further decrease appearing, on June 5, the breast was amputated by Dr. Bell. Pathological examination by Dr. Watters, showed the tumor to be carcinoma, with a beginning involvement of the axillary glands.

CASE VII. — Patient Mrs. B., age 36. Married. Several children. Health good. Left breast and axillary glands removed in April, 1901, by Dr. Bell. Recurrence in line of incision noticed in September, 1901. Re-entered hospital December 22. Breast contains many nodules, several as large as walnuts, red, shiny, and sensitive to touch, also to pressure of clothing. Left arm can be used very little on account of pain. The scar is depressed and closely attached to chest wall. First treatment December 22, two minute exposure, at a distance of twelve inches. Relief from pain and sensitiveness immediately. December 23, double ovariectomy by Dr. Bell. Second treatment December 28, and every two days since, with the exception of one week, when she was absent from the city. Time of exposure increased gradually from two to four minutes; distance from tube decreased gradually from twelve to seven inches. Total treatments forty-five. At present a few spots of a darker color than the skin remain where the largest nodules were originally. The cicatricial depression has disappeared, except at one point. The general health and condition of the patient are better than for many years.

## BIBLIOGRAPHY.

1. F. R. Zeit, *Journal of Am. Med. Assn.*, November, 1901.
2. C. Beck, *Med. Record*, January 18, 1902.
3. Leonard, *Phila. Med. Journal*, February 1, 1902.
4. C. Beck, *Med. Record*, January 18, 1902.
5. Hopkins, *Phila. Med. Journal*, September 7, 1901.
6. Clarke, *British Med. Journal*, June 9, 1901.
- 7 and 8. *Am. Electro Therapeutic and X-ray Journal*, February, 1902.
9. C. Beck, *New York Med. Journal*, September 16, 1901.
10. G. B. Ferguson, *British Med. Journal*, February 1, 1901.
11. Williams, *Röntgen Rays in Med. and Surg.*
12. Gilman, *Am. Electro Therapeutic and X-ray Journal*.
13. Coley, *Am. Medicine*, August 16, 1902.
14. Rollins, *Boston Med. and Surg. Jour.*, March 28, 1901.
15. *Archives of Röntgen Ray*, Vol. VI, No. 1, p. 1.

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**POST-GRADUATE WORK.**

BY CONRAD SMITH, M. D.

The science of medicine is not, and probably never will be an exact science. Fortunately this has been better appreciated the past decade than ever before. There has developed a positive mania for investigation, and the result has been remarkable advances in medicine and surgery. A text-book of fairly recent date becomes ancient history. The number of medical journals is legion. Our medical schools are graduating each year men better prepared for their chosen profession, and there is greater competition than ever. The physician finds it absolutely necessary to keep in touch with the newer ideas and methods, or perhaps he wishes to specialize. Of course the latest text-books and a few medical journals are an essential part of a physician's equipment. Their instruction is at best, however, didactic, and one is confronted with a bewildering array of material to select from. Our best law schools have changed from the text-book to the case system of teaching, and in medicine the in

struction is largely clinical or demonstrative. Where, then, can the physician avail himself of such instruction?

In past years it was considered necessary to spend a year or so in Europe. But owing to the time, expense, and necessary familiarity with foreign languages, this has been possible only with the favored few. As early as 1875 large numbers of physicians were coming to New York as the logical centre, where a vast amount of clinical material was available. The first attempt in this country to provide advanced courses, especially adapted to meet the needs of graduates in medicine, was the founding of the New York Post-Graduate Medical School and Hospital. It was started in 1875 as a branch of the medical department of New York University, and at first was only partially successful. The hours of instruction were few, much time was lost in going from hospital to hospital, and the method of teaching not essentially for graduates.

In 1882 the Post-Graduate Faculty resigned and founded a separate Post-Graduate School and Hospital. A charter was obtained from the state, and with the growth of the school several moves were made until, in 1894, the present commodious building was occupied by the school and hospital. The hospital contains one hundred and ninety-six beds. The Out-Patient department is an important factor in the institution, there being over two hundred visitations to the dispensary each day. During the past year there have been over six hundred doctors in attendance at the school. As far as possible the Vienna Poliklinik has been made the model for the method of instruction. The Faculty includes men of national reputation, and has an able and large number of instructors and assistants. The school is open throughout the whole year, and is adapted both for specialists and the general practitioner. The matriculate may begin his work at any time, stay as long as he desires, and specialize or increase his knowledge in all the departments. Very little time is lost, as the day's schedule is well filled, and the work is conducted almost entirely under the one roof. The teach-



ing is entirely clinical, bedside instruction being a prominent feature. Other similar schools have been established in New York and other large cities. It is now possible and necessary for all physicians to keep in frequent touch with the newest developments in medicine and surgery.

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## **SOME NOTES ON THE SWEDISH MOVEMENTS AND MASSAGE.**

BY OTTO R. LOFSTEDT, MEDICAL GYMNAST.

Some physicians have the impression that by Swedish movements are meant ordinary, active gymnastics, and that massage is a kind of magnetic treatment, or perhaps little more than thorough rubbing. Swedish movements and scientific massage, however, are based on accepted physiological laws, and their application is possible only by those who are rightly instructed in these basic principles. The movements have nothing in common with ordinary gymnastics; nor has scientific massage with magnetism or rubbing. Finally, the expert medical gymnast and masseur never claims to cure all kinds of diseases by his methods. He knows this to be impossible, but he also knows there are some diseases which can thus be cured more quickly than by any other means. In most cases, however, to effect a cure, medical treatment must be used in connection with the Swedish movements and massage, just as it is used in appropriate cases in conjunction with electricity, baths, etc.

The question is often asked, who shall apply the auxiliary treatment? The answer to this is that with a little study and practice any physician may become competent to treat neurasthenia, insomnia, acute muscular rheumatism, sprains, etc. Other cases, such as sciatica, ankylosis of years' standing, chronic constipation, heart disease, or spinal curvature require the attention of a specialist. The medical gymnast who has obtained his training in Sweden, the birthplace of

the system under discussion, has taken a long and arduous course, covering a period of three years, and thoroughly grounding him in anatomy, physiology, pathology, hygiene, diagnosis, principles of the movement treatment, and the use of exercises for general and local development. He is indeed a specialist in his department, and peculiarly fitted to deal successfully with the diseased conditions enumerated, not to the exclusion of the physician, but rather in co-operation with him. The medical gymnast has not only the dexterity, patience, time, and special facilities requisite, but also the advantage of a wide experience which prevents his being discouraged by any apparent lack of success in a given case, this apparent failure sometimes persisting for months. He knows what he has accomplished ; he has the confidence born of knowledge and previous satisfactory results.

My own work extending over a period of nine years in Boston, during four of which I have served as masseur and gymnast in the Homœopathic Dispensary's Orthopædic Department, has made me feel that there is a great need for a more general understanding among physicians of the benefits derivable from a judicious resort to the Swedish movements, with or without scientific massage. Many cases which have come to seem hopeless may often be wholly cured or markedly benefited by these methods. I find that even when they are resorted to, physicians not infrequently make the mistake of recommending their patients to try movement or massage treatment only two or three times a week, on the ground that such patients are too weak to receive treatment oftener. This is a mistake, as the weaker the patient the more frequently should treatment be given, say once or even twice a day. The effect derived from one treatment should not be lost before the next is given. It is the treatment which renews the patient's strength, but when the effect is allowed to wholly pass off a stiff or tired feeling may be experienced, causing the patient to conclude that no benefit is being derived or that actual harm is being done.

It is impossible to report at length the results which have been obtained by the expert use of the Swedish movements, especially in spinal curvature. At my studio I have many photographs of cases of this kind cured in from three to six months, the ages of the patients being even as advanced as twenty years. But my chief desire is to enlarge the acquaintance of the profession by these brief notes, with the genuine assistance in their work derivable through the Swedish movements, and to increase their interest in this scientific and reasonable curative method in properly selected cases.

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### AN EXPERIMENT.,

SPRINGFIELD, MASS.

*Editors of New England Medical Gazette :*

I have a good many times told how I was cured of a bad punctured wound in my foot, caused by stabbing a fork tine into it, and how I have many times during the past forty-six years cured such wounds caused by rusty nails, etc., and never a failure, by splitting a common white bean, such as Bostonians cook, and binding the flat, split side dry on the wound. I am willing to warrant a cure. A few evenings since, a young man came into my office and said two or three days before he had stuck a nail into his wrist, near his hand. The hand and wrist were swollen and inflamed. He was in such pain he carried that hand on the other and walked the room, groaning, and the pain extended up the arm to the shoulder. I thought he might have to go to the hospital in the morning. He had poulticed it. I gave lachesis<sup>200</sup> every half hour that evening, and gave him a dose of phaseolus nona tinc. ; told him to have another bread and milk poultice, and wet the poultice with the phaseolus. I have not seen him since, but a member of the household told me that he put on the poultice as ordered, went to bed and slept well, and went to work all right the next morning.

A. M. CUSHING.

## EDITORIALLY SPEAKING.

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Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be *typewritten if possible*. To obtain insertion the following month, reports of societies and personal items *must be received by the 10th of the month preceding*.

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## VIRCHOW.

The death of Professor Rudolph Ludwig Karl Virchow, which occurred in Berlin, September 5, 1902, closed one of the most brilliant careers in medicine of modern times. Several months previous he had been injured in a street accident, after which he never regained his old time vigor. Although this may have served as an exciting cause, his death was due more to the infirmities incident to old age, rather than to any particular disease. Virchow, indeed, must be classed with the immortals, for the great discoveries which he made will remain valuable long after many of the current theories which now stand in medicine have passed from the minds of men.

Professor Virchow was born on October 13, 1821, at Schivelbein, in the Province of Pomerania, Germany. Here he lived until his thirteenth year. At this age he entered the gymnasium of Köslin where, among other accomplishments, he obtained a thorough knowledge of Latin. In 1839 we find him registered at the Friedrich-Wilhelm Institute, with the avowed purpose of studying medicine later, which he did. He received his doctorate in 1843, and from then until the time of his death he enriched the science of medicine by his numerous and valuable contributions. His work was valuable, not only for the new truths which he revealed, but for what is of equal importance, the varied suggestive influences which it had.

In the allied sciences anthropology, of which he was a founder, in ethnology, and in public hygiene he was no less distinguished. Add to these his brilliant services as a legis-

lator for forty years, where, in matters of education his influence was paramount, and equally as great in shaping the present excellent financial policy of the German Empire, and we have a combination of achievements, any one of which is sufficient to secure for him imperishable fame.

It is, however, by his work in the field of pathological anatomy that he will be best known and revered by medical men. As a pupil of the great Johannes Müller, his earlier achievements and aspirations were, perhaps, influenced to a great degree by this master mind. Of Müller, Haeckel writes, "he is the only great scientist of modern times who has equally cultivated these two branches of research, anatomy and physiology, and combined them with equal brilliancy. . . . After his death his vast scientific kingdom fell into four distinct provinces, which are now always represented by four or more chairs — human and comparative anatomy, pathological anatomy, physiology, and the history of evolution." As a result of this sub-division the field of pathological anatomy was cultivated most successfully by the subject of this sketch.

It was another pupil of Müller's, Schwann, who, after the botanist Schleiden had taught that the cell was the elementary organ of all plants, and had shown that the different tissues of plants were simply combinations of cells, extended the investigation to all animal tissues. Schwann's results were published under the title *Microscopic Researches into the Accordance in the Structure and Growth of Plants and Animals*. This work gave a new conception to physiology and anatomy, and may well be considered the starting point of our present system of scientific medicine. In 1854 Virchow announced, as a corollary to this great work of Schwann, his Cellular Pathology.

After his graduation Virchow was appointed prosector of anatomy at the Berlin Charité and a lecturer in the University. It was during this period he founded the greatest of all journals dealing with pathological anatomy, *Archiv für Pathologische Anatomie*, which is now known the world over

as Virchow's Archives. Among the distinguished company who then composed the Berlin faculty were Henle, Schwann, Helmholtz, Du Bois Raymond, Brucke, Lieber Kuhn, Remak, Claperede, Lachman, and Troschel, all of whom were subsequently celebrated for their scientific achievements. Here in this congenial atmosphere he remained but a short while; for his political affiliations during the revolution of '48 caused his forced resignation. Without a position, and in bad odor with the government, an offer from the small and comparatively unknown University of Würzburg in Bavaria was not altogether unwelcome. It was during his residence at Würzburg that his greatest work was done. Here in 1854 he published the first edition of his Cellular Pathology, which attracted the immediate attention of the scientific world. Although he himself, in an address, attributed to Morgagni, the Italian investigator, the fathership of modern pathology, it is generally conceded and posterity will seal the verdict, that Virchow's Cellular Pathology is the ground bed of modern pathology. To fully appreciate the import of this remarkable work one must compare it with the prevalent teachings of that time. The great Rokitansky of the far famed Vienna School was the chief exponent of pathological anatomy. Rokitansky taught that organs suffered, pathologically, as a whole. As a result of these teachings therapeutics was in a much disturbed state. This natural inference followed: If the whole organ was damaged, what good could come from medication? In fact, as has been recently described, the tendency in therapeutics was purely nihilistic. Virchow, on the other hand, showed that all of the cells which composed an organ were not necessarily affected in a given pathological process. He further demonstrated that certain toxic processes had rather a selective affinity for certain tissue elements, and that in certain conditions the interstitial elements suffered most, while in other conditions the same was true of the parenchymatous elements. The words interstitial and parenchymatous were unknown to pathology, and

really had to be coined in order to make the descriptions clear. This work of Virchow's, aside from its purely anatomical significance, gave new hope to therapeutics. .

In 1856 he was recalled to Berlin and given the full professorship of pathological anatomy. Here he remained until his death, collecting vast material for the scientific museums, writing numerous articles, editing journals, collecting essays, planning and conducting the sewage farms of Berlin, creating the system of its water supply, through his influence establishing the Pathological Institute of which he was the director, and taking part in numerous other activities.

His work on tumors, in which he pointed out the differences between benign and malignant growths and their methods of extension, likewise those earlier studies on the white blood corpuscles, during his prosector days, which laid the foundation of our knowledge of the leukemias, investigations on phlebitis, and his studies on typhoid fever must be considered among his great contributions.

Never himself a general practitioner, yet it is to him and to one other — Pasteur — the general practitioner owes more than to any other two men of recent times his conception of disease. Virchow was eminently practical. He always sought to correlate clinical observations with laboratory demonstrations, and his investigations were of the closest and fullest kind. Indeed, it may be said that, in all the wide range of his researches and endeavors each had its practical application, all for the benefit of humanity. Virchow has finished his work, and a great work it was. Germany has lost one of her most brilliant citizens, the medical profession one whom its members delighted to honor, and society at large, a most useful member.

S. C. F.

BOOKS AND READING.

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Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked **NEW ENGLAND MEDICAL GAZETTE**, and sent to the publishers, Otis Clapp & Son, 10 Park Square, Boston.

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**APPLIED SURGICAL ANATOMY REGIONALLY PRESENTED.** By George Woolsey, A. B., M. D., Professor of Anatomy and Clinical Surgery in the Cornell University Medical College, etc. With 125 Illustrations, mostly colored. New York and Philadelphia: Lea Brothers & Co. 1902. pp. 521. Price, cloth, \$5.00 *net*; leather, \$6.00 *net*.

Anatomy is the foundation study in medicine, and as a study must be equally familiar to the physician and the surgeon, for the former, in addition to his specialized knowledge, must be able on occasion to take the place of the latter. It is not enough to know dry, anatomical, unrelated facts. Their relations and inter-relations with physiology, pathology, surgery, etc., must be clearly understood. To attaining this end books similar to Dr. Woolsey's must be faithfully studied and frequently consulted, no matter how much practical work in the dissecting room and amphitheatre may be done.

Dr. Woolsey's book deals with both surgical anatomy and anatomical surgery. Its plan is regional and topographical; each part complete in itself, and giving not only brief statements of facts but also the inferences to be drawn therefrom, or the results of conditions normal or abnormal. For instance, in speaking of the tissues of the dorsum of the foot, the author, while mentioning their thickness, density, closeness of connection by fascia, and the enclosure of fat in small spaces, proceeds to make the practical application of such knowledge by adding: "Hence the skin of the sole does not gape on being incised, so that exploratory incisions must be longer than otherwise and strongly retracted, to expose foreign bodies, etc." Such information is exactly what the student and practical man wants called to his attention or emphasized, and such he will find all through the book.

There are fifty-nine full-page inset plates in black and colors illustrative of the most important structures and organs of the body.



THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS. Vol. VIII. Pediatrics and Orthopedic Surgery. Edited by W. S. Christopher, M. D., John Ridlon, A. M., M. D., Samuel J. Walker, A. B., M. D. July, 1902. Also, Vol. IX. Physiology, Pathology, Bacteriology, Anatomy. Edited by W. A. Evans, M. S., M. D., and Adolph Gehrman, M. D. August, 1902. Chicago: The Year Book Publishers. Price, \$1.25 per vol.

The principal divisions of Vol. VIII include abstracts on nutrition, infections, mental activities, disturbances of the different systems, and a section on orthopedic surgery, covering some sixty pages. A very interesting part of the book is that dealing with heredity and the development of the child. This volume is not a mere compilation, but contains considerable original matter of worth. It is one of the best of the series.

Volume IX appeals less to the general practitioner, and more to the specialist in pathology than any other volume. It, however, is good reading. We refer to the portions on pathology and bacteriology, the former subject occupying more than half the book. In this section will be found the very latest data of the results of investigations in pathology, data gathered from leading journals at home and abroad. The section on bacteriology has been worked up in the same way. There is nothing on anatomy of any special importance, and the abstracts on physiology are limited to reports of certain biologic reactions.

DISEASES OF THE RECTUM AND ANUS. Designed for Students and Practitioners of Medicine. By Samuel Goodwin Gant, M. D., LL.D., Professor of Rectal and Anal Surgery at the New York Post-Graduate Medical School and Hospital, etc. Second edition, rewritten and enlarged. Fully illustrated. Philadelphia: F. A. Davis Company. 1902. pp. xxiv. 687. Price, extra cloth, \$5.00 *net*; sheep or half russia, \$6.00 *net*, delivered.

In this elaborate and painstaking work, physicians and students alike will find ample information, together with all possible minutiae, regarding the diseases and abnormalities of the rectum and anus. A large number of well-chosen illustrations, including thirty-seven full page plates, most of them in colors, add much to the text.

Introductory to the main body of the work is a detailed account of the anatomy and physiology of the rectum, and this is followed

by an enumeration of those symptoms, local and reflex, indicative of rectal disease. The chapter on local examinations is amply illustrated with cuts of instruments used.

The subject divisions are numerous, there being some forty chapters in all, and admit of clearness of discussion, and the separate consideration of each topic. Among the specially important and interesting chapters are those devoted to constipation, the various fistulæ, auto-infection, non-malignant and malignant diseases, hemorrhoids, colostomy, nervous affections of the rectum, railroading as an etiologic factor in rectal disease.

Nearly every chapter is supplied with a list of references to literature on the subject discussed. A large number of useful tables of differential diagnosis, synopsis of cases, statistics, etc., form a noteworthy feature. The indexing is exceptionally complete. This is an unusually authoritative work, as the author is a specialist of long and varied experience.

THE PRINCIPLES AND PRACTICE OF GYNECOLOGY FOR STUDENTS AND PRACTITIONERS. By E. C. Dudley, A. M., M. D., Professor of Gynecology, Northwestern University Medical School, etc. Third edition, revised and enlarged. Illus. Philadelphia and New York: Lea Brothers & Co. 1902. pp. 761. Price, cloth, \$5.00 *net*; leather, \$6.00 *net*; half morocco, \$6.50 *net*.

The thorough and workmanlike manner in which this book has been recast will evoke the commendation of the profession. We have several excellent works on gynecology, but we must consider "Dudley's," in its third edition, superior to almost every one we can call to mind.

A considerable departure has been made from the customary arrangement of text by the division of subjects, not according to diseases of a single organ, without regard to their relationship, but rather with a view to studying diseased conditions in the sequence or combination in which they ordinarily appear. Thus metritis is not treated as an independent lesion, but is considered in connection with that group formed by vulvo-vaginitis, salpingitis, ovaritis, and peritonitis, with which it is so closely associated. It is most reasonable that, with our constantly increasing knowledge of the sequence of pathological changes, and the readily traceable steps in the extension and manifestations of disease, a corresponding re-arrangement

should mark our plan of study. Our work will thus be simplified and our ability to comprehend the significance of related causes and effects will be augmented.

The six parts into which Dudley's Gynecology is divided, broadly outline the scope of the book. Part I, General Principles. Part II, Infections, Inflammations and Allied Disorders. Part III, Tumors, Tubal Pregnancy, and Malformations. Part IV, Traumatisms. Part V, Displacements of the Uterus and other Pelvic Organs. Massage. Part VI, Disorders of Menstruation and Sterility.

The second part, dealing with infectious inflammations, is particularly thorough and exhaustive for a work especially intended to serve as a working manual for the physician and a reliable text book for the student. We believe that in this field it will be found of much help, for while it is not bulky this is because space has been used to advantage. A good deal of matter has been put in double columns of comparative facts. The publishers have brought this edition out in strong, attractive bindings, and the majority of the illustrations, especially the full page plates and others in colors, are excellent. We object to the paper which, with its glazed surface, is hurtful to the eyes when an artificial light must be used.

**EDUCATION:** A monthly magazine devoted to the Science, Art, Philosophy and Literature of Education. Boston: The Palmer Company, 50 Bromfield Street. Price, \$3.00 a year; 35 cents a copy.

With the September issue "Education" began its twenty-third volume. The leading article is of special interest because dealing with the new curricula for higher schools in Prussia, and affording the general reader an opportunity of extending his knowledge of school systems in countries other than his own. Papers on "The Qualifications of the Teacher of English," and the "Necessity of Professional Training for Teachers," are also worthy of notice.

The October number contains, among other articles, one on "The Physiology of Childhood as Applied to Education." The editorials add considerably to the worth of this educational journal, and contain hints by which parents, as well as teachers, may profit.

THE CRAFTSMAN. Eastwood, New York: The United Crafts. Price, \$2.00 a year, payable in advance; 20 cents a copy.

The announcement is made that with the October number, which will mark the first anniversary of "The Craftsman," changes will be made in its form and appearance. New type and better paper will be used, the size of the pages increased, a larger number of articles will be offered, and a department added in which will appear reviews of current publications upon the arts and crafts, and brief notes of information concerning American and European craftsmanship. We commend this journal to all who wish to intelligently appreciate — and who does not? — the earnest effort now being made to harmoniously associate the workman with his work; the artizan, with art.

ANNOUNCEMENT. — Messrs. Boericke & Tafel have in press a new work, "Diagnosis," by Clarence Bartlett, M. D., from whose stenographic notes Farrington's "Clinical Materia Medica" was published, and who, later, wrote the neurological section of Goodno's "Practice." When published this new work on medical diagnosis will constitute, it is announced, one of the largest and certainly the most complete ever published on that branch of medical science. It will include, we are told, every important modern diagnostic fact, and will at once place the members of our school beyond the need of referring to old school text-books on the subject, for they will have the best one in their own ranks. The book will probably contain between 1,000 and 1,100 pages, and will have a most thorough index. Ready in October.

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ADVICE TO THE DOCTOR. — Administer medicine personally whenever possible. The dose that you give has a higher curative potential than that administered by the patient's friends. Never prescribe anything until you have perfectly definite and distinct reasons for so doing. Don't blame your nurses for everything. They have some rights, and are not always conspiring to do your patient harm or put you out of the case. Expedition in performance is almost as important as accuracy in performance. Do your work with precision and despatch. Never "give up" a patient. — *American Medicine.*

## THE SPECIALIST.

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Under this heading will appear each month items bearing upon some special department of medicine: this month "Materia Medica and Practice;" next month "Diseases of the Respiratory Organs."

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ANTIMONIUM CRUDUM. — I have found antimonium crudum to be a most trusty remedy for both children and adults subject to canker sores in the mouth, and when certain foods, especially the starches and sugars, frequently originate recurrent attacks of aphthæ, which fail to yield to the old reliable sulphuric acid. — *Exchange*.

CACTUS IN HEART DISEASE. — The sphere of cactus seems to be more within the functional disturbances of the heart, where the nervous action is deranged. Palpitation of the heart, when caused reflexly by irritation of the stomach or liver, acting through the pneumogastric nerves. Also to be thought of in all cases where there is hemorrhage accompanying heart disease. — *Medical Century*.

BROMIDE OF AMMONIUM IN PERTUSSIS. — The characteristic indications are: Sudden, deep, spasmodic cough, causing pain in the stomach. Cough, deep, spasmodic, severe, at intervals of a few moments, almost continuous for hours, especially when lying down at night, with sensations of tickling irritations in the larynx, sometimes with a distinct whoop. The expectoration, if any, consists of a tough, stringy mucus. The curative dose is the 1x and 3x dilutions. — *American Medical Monthly*.

GELSEMIUM. — Here let me quote Dr. Elliott: "The grand center of action for this remedy is upon the motor portion of the spinal cord, paralyzing motility first, then sensibility. The two most prominent symptoms caused by this drug are convulsions and paralysis. This remedy is especially adapted to nervous, excitable, hysterical persons, with excessive irritability of mind and body, languor, prostrations, nervous headaches, commencing in the neck and spreading over the whole

head, convulsive spasmodic cough, without expectoration, spasms of various muscles of the body, etc.—*Diseases of Nervous System*, p. 500.

ARSENIC AFTER SURGICAL WORK. — Arsenicum is one of the most useful of all remedies in aiding the system to care for the ptomaines and exudate incident to surgical work. There is great restlessness, prostration, weakness of memory, thirst, irritability of the stomach, with nausea and vomiting. The urine is scant, and there may be retention of urine from bladder paralysis. As time goes on the urine becomes dark brown and turbid, with approaching symptoms of uremia. With arsenic the restlessness is one of prostration rather than of hypersensitiveness.— *The Critique*.

EYE SYMPTOMS OF SULPHUR. — Inflammation of eyes or lids, with swelling, redness of conjunctiva, and much itching, burning and sweating. Dryness of the eyes in the room; lachrymation in the open air. Burning and rubbing dry sensation beneath the lids, as if sand were in them. Agglutination of the lids at night. Great sensitiveness of the eyes to the light of the sun. Dimness of vision as of a veil before the eyes. Dark points and spots floating before the eyes. Flickering before the eyes.— *American Medical Monthly*.

STAPHISAGRIA. — The leading symptoms that may suggest the employment of staphisagria homœopathically are: Very peevish; throws or pushes things away indignantly. Itching of the margins of the eyelids. Styes, nodosities, chalazæ on the eyelids, one after the other, sometimes ulcerating. Burning in the urethra during and after micturition. Seminal emission, followed by great prostration. Soft, moist excrescences on and behind the glans penis. Limbs sore as if bruised, and as if there was no strength in them. Herpes; itching in the morning; burn after scratching. Canine hunger, even when the stomach is full of food.— *American Physician*.

EYE SYMPTOMS OF PULSATILLA. — Conjunctivitis, with profuse, thick, yellow, bland discharge. Burning and itching in the eyes, provokes rubbing and scratching. Inflammation of eyes and margins of eyelids, with lachrymation and nightly agglutination. Subject to styes, especially on upper lids. Itching, biting, and burning in the lids and canthi, in the evening. Profuse lachrymation in the wind or open air. Dimness of vision, like a fog or veil before the eyes. Dark before the eyes in the morning on rising, and on going into a warm room. — *American Medical Monthly.*

NATRUM MURIATICUM IN FEVERS. — In this substance we have a remedy which does for us what quinine so often fails to do for the allopaths. Those chills and fevers which are accompanied by fever-blisters on the lips, and which recur again and again despite a "cure" by quinine, are most readily mastered by natrum muriaticum. The fever patient is often a malaria-soaked fellow; one whose skin is sallow and whose blood is thin. He often comes from a swampy district or has broken down his constitution by a trip to the seashore in search of health. The chills are apt to occur about 10 or 11 A. M., and fever then runs riot all afternoon. — *The Medical Advance.*

HYDRASTIS IN SKIN AFFECTIONS. — Hydrastis is indicated in eczema and other skin affections occurring particularly on margin of hair in front, with oozing of a tenacious, profuse, ropy secretion. Varicose and malignant ulcerations have improved under its use when there was present the prostration shown by the all-goneness and palpitation. Applied locally to the skin, it has produced an exanthem hardly distinguishable from variola. It is of value in this disease when the eruption produces great swelling, redness and itching, with great soreness of the throat. It has been used empirically in this disease with excellent results, in many cases apparently preventing pitting. There is often present in the hydrastis patient a tendency to general perspiration of an unhealthy odor. — *The Critique.*

ARSENIC IN CHRONIC BRIGHT'S DISEASE. — I have used arsenic most often in chronic Bright's disease. It is indicated by many of the symptoms — the anemia, with white waxy skin; scanty urine containing albumin and casts; anasarca; weak heart. When I find that combination of symptoms arsenicum album, 3x to 6x, will usually help my patient. If it does not I am very apt to change to Fowler's solution in massive doses — that is, five to ten drops every four hours. I have treated a very large number of cases of this disease and have seen many of the patients improve very much under arsenic. The dropsy will disappear, the urine improve, and the patient become able to be up and about again. — *Dr. W. S. Mills in American Journal of Homœopathy.*

THE SANGUINARIA HEADACHE. — These headaches commence in the morning, increase gradually during the forenoon, attaining the climax at noon, then gradually decrease and pass off at night. During these attacks the patient is obliged to lie down and preserve the utmost quiet; a slight motion is apt to bring on chills, nausea, and perhaps vomiting of food and bile. There is scanty urine during the headache, but a copious flow appears as the attack passes off. Gelsemium also has this last-named condition, as do several other remedies for so-called nervous headaches. In speaking of the periodicity of sanguinaria we do not want to forget that the recurrence frequently appears once a week, and, strangely enough, most frequently appears on Sunday. This condition is not confined to sanguinaria alone, but is found under silicea and sulphur as well.

CALENDULA IN SUPPURATION. — Calendula is the remedy par-excellence for suppuration and to limit the formation of pus where it is impossible to render a wound aseptic. It did me excellent service in a case of compound fracture of the leg. Both bones were broken, the four ends protruding, and all the tissues mangled and filled with filth. Suppuration was inevitable, but I am satisfied that it was very much abridged by calendula. A neglected burn of neck, shoulders and breast,



secreting pus by the ounce, was also changed from a spreading, ulcerating, irritable sore to a healthy, granulating surface, by the internal and local use of this remedy. Multiple cervical abscess, with a fistulous opening, from which quantities of pus were pouring, was materially benefited by the internal use of calendula. Calendula prevents or lessens the formation of pus. — *Dr. H. H. Potter in The Medical Arena.*

AWKWARD, VERY. — An eminent London physician has a telephone in his bedroom. One night the bell rang, waking both him and his wife. The medico went to the phone and heard, "Please come at once to Lucessia Square — Lady Brown is very ill." Handing the phone to his wife, with an imprecation, he said to her, "For heaven's sake say the doctor is out of town." The wife complied. Next morning the doctor called at the Brown mansion to express his deep regret to Lord Brown that he had been absent when called. "But you were really not at home?" inquired his lordship. "Of course not," responded the doctor. "Then, my dear doctor," said Lord Brown, "I must sympathize with you in your terrible misfortune; for I distinctly heard a man's voice in your bedroom, talking to your wife." — *Virginia Medical Semi-Monthly.*

COURTESY TO CLINICAL PATIENTS. — The courteous treatment of patients is of the utmost importance to the student, as inculcating the proper method to be adopted by him in his professional life. Example is more potent than precept, and the example set before the student by his clinical teachers more than all else determines his own methods and behavior in his later career. And, finally, it is of importance to the clinician himself that his demeanor toward his clinical patients be the same as he would adopt toward his private patients. True courtesy can never be born of self-interest, and the physician whose manner is domineering, harsh, and inconsiderate in his clinic, and affects to be gentlemanly only to his wealthy private patients, is certain, sooner or later, to reveal the perfunctory, artificial character of his courtesy in his

private practice. For the best interests of the clinic, the student, and the clinician, the courteous treatment of patients is alike demanded. — *The University Record*.

FERRUM IODATUM IN EPISTAXIS. — This was the case of a little girl, seven years of age, of dark complexion and slightly anemic. The symptoms were that the epistaxis would come on suddenly without any apparent cause, and continue for a considerable length of time. Hamamelis virginica, tinc., millefolium, tinc., aconitum napellus 1x, and belladonna 1x, had each been tried in turn, but without success. Owing to the frequent attacks, and the excessive loss of blood, the little patient was beginning to suffer in health, and her appetite also became very meagre. The following prescription was then administered: R̄ Syr. Ferrum iodatum 3ijss. Aqua dest. Ad. ℥ iv. 3j three times a day after meals. The effect was very remarkable. After the third day's treatment the attacks of epistaxis were less frequent, and the quantity of blood lost had diminished considerably. The medicine was continued, and, after six weeks' treatment, the patient had no further attacks, and her health was also much improved. — *Homœopathic World*.

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#### ABSTRACTS FROM BOOKS AND JOURNALS.

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SAUL'S METHOD OF CATGUT STERILIZATION. — Immerse and boil the catgut, which has been deprived of all fatty material, in the following solution: Absolute alcohol, 1,700 parts; carbolic acid, 100 parts; distilled water, 200 parts. Preserve in same solution in sealed bottles of convenient size. — *American Medicine*.

HYGIENIC TREATMENT OF HEART STRAIN. — Hygienic treatment involves a well regulated exercise, fresh air and sunshine, a well-ordered life, and avoidance of excesses in any direction, systematic bathing of such temperature and character as will not produce shock, regular meals and sufficient sleep, the avoidance of all dissipation. — *Medical News*.

BLOOD IN THE URINE. — Always carefully examine the bladder in a child passing blood with his urine, as the chances are great that he has a stone in the bladder. The other causes that may be responsible in children for this symptom are injury to the kidney, bladder or urethra, malignant or papillomatous growths, acute nephritis, and sometimes the presence of ascarides. — *Medical Era*.

CHOLERA. — Cholera is apparently on the increase in many parts of the world. At Cairo and Assivat in Egypt, consternation prevails at the spread of the disease. At Mukden, Manchuria, there were 757 cases between July 3, and 14; 81 Russians and 363 Chinese dying. Tokio, Japan, now has cases of the disease. It increased to 78 cases in Manila, July 25, the largest since the outbreak, though it had previously been diminished. — *American Medicine*.

TREATMENT OF TYPHOID FEVER. — The principal aims of treatment are to give rest, physical and mental; to regulate rather than to interfere with the development of the course of affairs toward recovery; to avert danger of hemorrhage by precautions in diet; to avoid overburdening the digestion, yet to nourish adequately; to keep the bowel clean and reduce sepsis; to maintain the secretions; to keep up the peripheral circulation; to do no useless drugging. — *Pennsylvania Medical Journal*.

ETIOLOGY OF DIABETES. — Hereditary influences play an important part. Men are more frequently affected than women. It is a disease of the higher classes; it usually occurs between the ages of thirty and sixty. Persons of a neurotic temperament are more often affected. Obesity predisposes to the disease. It is more common in cities than in the country. Gout, syphilis, and malaria are predisposing causes. Mental shock, nervous strain and worry favor it. Intense application to business, over-indulgence, and a sedentary life, induce the disease. Injury or disease of the spinal cord or brain may produce it. — *The Medical Examiner*.

CRANBERRY JUICE IN FEVERS. — The pure, fresh juice of raw cranberries, given freely, either undiluted or with an equal part of water, is an excellent means of relieving the thirst in fever, and, moreover, is markedly anti-pyretic, says the *Dietetic Gazette*. In the thirst and vomiting peculiar to cholera it is even more effective. In fifty cases in which ice and narcotics failed to make the slightest impression cranberry juice, in small but repeated doses, rapidly checked both vomiting and nausea. — *Exchange*.

BREEDING CAPACITY OF THE MOSQUITO. — "I have found pools so crowded that an estimate of one hundred wrigglers to an area of one square inch was scarcely equal to the fact. Half that number is a common occurrence. This means over seven thousand in an area of one square foot, and it needs an area of less than one hundred and fifty square feet — a pool roughly ten by fifteen feet — to produce one million mosquitoes at one hatching." — *Dr. John B. Smith*.

TREATING CHILDREN'S EYES. — The general physician can confer a great and lasting benefit on the public in seeing to it that their patrons' children have their eyes carefully tested in all cases of headache that do not readily yield to medicines, and especially in cases where the eyes themselves develop symptoms. One sign that is frequently present indicating a need for the use of lenses is a scurfy condition of the edges of the lids. The significance of this sign is rarely appreciated. — *North American Journal of Homœopathy*.

ELECTRIC LIGHT ON THE EYES. — A Russian specialist has decided that, contrary to the general opinion, electric light plays less havoc with the eyes than other forms of artificial light. He bases his deductions on the fact that disease and damage to the eye are proportioned to the frequency of the closure of the lids. He found that the lids close in a minute 6.8 times with candle light, 2.8 times with gas light, 2.2 times with sun light, and 1.8 times with electric light — *Medical Record*.

THE TONGUE IN DIAGNOSIS.—The perfect tongue is clean, moist, lies loosely in the mouth, is round at the edge, and has no prominent papillæ. The tongue may be furred from local cause, or from sympathy with the stomach, intestines, or liver. The dry tongue occurs most frequently in fever, and indicates a nervous prostration or depression. White tongue is diagnostic simply of the feverish condition, with perhaps a sour stomach. When it is moist and yellowish-brown, it shows disordered digestion. Dry and brown indicate a low state of the system, possibly typhoid. When the tongue is dry and red and smooth, look out for inflammation, gastric or intestinal. Sharp-pointed red tongue will hint of brain irritation or inflammation, and a yellow coating indicates liver derangement.—*Journal of Medicine and Surgery.*

EFFECT OF FOOT-WEAR ON THE FEET. — The wearing of improper foot-wear is due as much to ignorance as to vanity. If the laity understood that many serious and crippling affections followed its use, it would, perhaps, lead to a much needed reform. The feet of adults are much less injured by compression than the more plastic ones of children, and it is during childhood that the foundation is laid for future disabling deformity. It is usually difficult to induce adults to dress in any way contrary to prevailing fashion; but most parents are quite susceptible to instruction leading to the welfare of their children. It is especially in this direction that the physician can accomplish much good by judicious counsel. — *Courier of Medicine.*

CONSERVATIVE ABDOMINAL SURGERY.—With the true specialist hysterectomies are growing less frequent, while with the occasional operator, the number is increasing to an alarming degree. After the abdomen has been opened the capsule of a fibroid can be incised and the same shelled out, the procedure being followed by the closure of the uterine tissue and peritoneal wound. The capsule of many of the fibroids located within the folds of one or both broad ligaments, can be successfully extirpated in a similar manner,

saving one or both ovaries or parts of one or both. In hydrosalpinx, frequently the tube can be drained through the uterine-wall end or through a cul de sac, at the same time freeing the fimbriated extremity, which in time may result in restoration of connection. — *New York Medical Journal*.

A POST-MORTEM RECORD OF AVOIRDUPOIS. — A small headstone in a cemetery in the western part of Pennsylvania is pointed out to visitors as one of the sights of the neighborhood. It was placed over the grave by a widower who, while not lacking in love for the departed one, was penurious to a degree. He ordered a small stone because it was cheap, and told the mason to engrave on it this inscription :

"Sarah Hackett. Aged ninety years. Lord, she was Thine."

The stonecutter said there was too much inscription for so small a surface, but was told to go ahead and "squeeze it on somehow." Here is the inscription as squeezed :

"Sara Hackett. Aged 90. Lord, she was Thin." — *Exchange*.

SPINAL CURVATURE AMONG STUDENTS. — Dr. Jay W. Seaver, one of the directors of physical examiners of the Yale University gymnasium, reports a surprisingly large number of cases of scoliosis among American college students, particularly in those who have been ambitious for scholarship honors. The investigations were pursued at eighteen American colleges, and nearly 21,000 students were examined during the past five years. This number includes about two thousand men of the successive freshman classes at Yale. Dr. Seaver found that 5.6 per cent. of the Yale incoming classes were scoliotic. Similar data from other universities showed approximately like results, which led Dr. Seaver to the conclusion that scoliosis is the commonest physical deformity to be met with among educated American young men. Among the athletic class of students, on the contrary, the deformity was very rare. — *Eclectic Medical Journal*.

HELPLEFULNESS OF MEDICAL SOCIETIES. — Every physician, who can, should belong to some society, either that of his own state or the national body, better still, to both. He should not only belong, but should attend the meetings as often as possible and contribute a paper on some subject in which he has some especial interest or on some clinical experience. If he has a case that is giving him a great deal of worry, this is the place to tell about it and get an exchange of ideas with men who have opportunity for better clinical advantages. If he has discovered something of value in the line of treatment in any given condition, it is his duty to give it to his fellow practitioners, and what better opportunity could be had for presenting it and getting the opinion of others? — *The Medical Magazine*.

GASTRIC LAVAGE. — In cases where there are large quantities of mucus present the suction syringe will suffice; water will not remove the mucus, but increases the flow by the irritating effect of lavage. Under no circumstances should lavage be used where there is presence of blood in the return wash, or where there has been a recent hemorrhage, and never until the most careful examination has been made of the chest. Penzoldt reports a case that was to have had gastric lavage used the next day; for some cause the patient did not come. That afternoon the patient died suddenly from the rupture of an aortic aneurism into the esophagus. Where there is presence of blood in the return wash it shows plainly that either there is some grave lesion present or injury has been produced by the tube. — *American Practitioner and News*.

DRUG-POTENTIZATION "REGULAR." — Twenty years ago if it had been suggested to the average physician that he prescribe one-fourth grain doses of calomel he would have said that it would be useless as the quantity was so small that no effect would be expected. A certain preparation containing one-tenth of a grain of calomel to the dose having been intro-

duced, from the action of the mixture many could not believe that it did not contain some active cathartic aside from the calomel. The makers claimed that the action of the mixture was largely on account of the excessive trituration, as they claimed to triturate the mixture for ten hours by steam. The question comes up, are we not giving larger doses of many other drugs than is really needed to bring about the desired results? There is no doubt but that this is a fact. — *Western Medical Journal*.

TYPHOID FEVER. — We have no specific against typhoid fever. We possess no antitoxin such as we have against the poison of diphtheria; we know as yet of no method by which we can definitely stop the growth of the organism. In a large proportion of cases of typhoid fever, in all at the beginning, we have no local lesion which we can influence by active treatment. We are confronted by a general septicemia, and the essential principles of the treatment of typhoid fever are the same as if we were dealing with an instance of ulcerative endocarditis, namely, complete rest; a diet as nourishing as the condition of the patient will allow; measures to relieve the hyperpyrexia, and to keep the skin and muscles in as good condition as possible; an ever-careful watchfulness for the various dangerous complications. — *St. Paul Medical Journal*.

INFLUENCE OF DIET IN NEPHRITIS ON THE URINE. — Pabst has recently made a practical test in a series of experiments upon the diet of nephritic patients. He gave in turn to the same patient: (1) An exclusive milk diet; (2) a diet containing half a pound of white meat; (3) a diet containing the same quantity of beef, or other red meat; (4) a general mixed diet. The percentages of albumin found in the urine under these various conditions were as follows: Milk, 12.0 to 14.5; white meat, 13.0; ordinary meat, 12.9; mixed diet, 13.0. The figures in other cases bore nearly the same relations, and he has concluded that the sort of diet given has no great influ-



ence upon the composition of the urine or the amount of albumin it contains. However, it is noticed that in all of his experiments there is a slight balance in favor of a mixed diet as compared with one composed only of milk. — *Brooklyn Medical Journal*.

THE KING'S TOUCH. — In the time of Edward the Confessor a young noblewoman dreamed that if the king would wash the swelling on her neck, she would be cured. The king was gracious enough to do so and, while washing it with warm water, the abscess ruptured and drained with speedy recovery. "Post hoc, propter hoc." The king had cured with his divine touch, and in one year he had "touched" more than 8,000 for the king's evil, with cures innumerable. If not cured, no one had the hardihood to say so, for "one person was convicted and executed for high treason for speaking contemptuously of this new divine power of this pious English king." After this time both French and English kings arrogated to themselves the "divine touch," as well as the "divine right," and cured thousands by so simple a method. This delusion lasted for centuries, for Dr. Johnson was touched for king's evil when a child, in 1784. — *St. Louis Medical Review*.

TYPHOID PERFORATIONS. — The early diagnosis of perforation is attended with many difficulties, and requires keen judgment and ceaseless care. The symptoms of the resultant peritonitis are plain enough, but those of the perforation are extremely variable, and dependent on many collateral conditions. Undoubtedly the most reliable signs are the sudden, continued abdominal pain, tenderness and rigidity, and leucocytosis. The diagnosis once made, no time should be lost before operation, no matter what the condition of the patient. The operation itself should be done as quickly as possible. Experience has shown that the McBurney incision is the one of choice, and that a circular suture or a single row of sutures across the perforation is sufficient. Shock does not follow operation as frequently as might be expected, seemingly no

more often than after other laparotomies for peritonitis. And, finally, an early operation on a mistaken diagnosis is not attended by any material harm, which is more than can be said of a late operation with the diagnosis firmly established by the symptoms of peritonitis. — *Providence Medical Journal*.

DOCTORING IN THE SLUMS. — An institute doctor who had been working days and nights to save a certain baby had finally succeeded. She left it out of danger and on the high road to recovery. When she called several days afterwards she found the dejected mother over the washtubs in the middle of the room.

"Where the baby?" asked the doctor.

"My baby is dead with the convulsions, t'ree, four days ago," was the answer.

"Did you feed it the milk and barley water?" questioned the doctor.

"Yes," replied the woman. "Only I hear blackberries is fine, so I give it some of them, too. But they ain't no good. The baby died that night."

Blackberries? The doctor groaned in spirit. But she made no protest. What would have been the use of telling the mother she had killed her own baby? The woman never would have believed it.

At another place she found a little three-months' old almost at the last gasp. She asked the mother about some bread crumbs on the baby's pillow.

"It's cheese sandwich I fed him," exclaimed the mother.

"Why on earth did you give it to him?" asked the horrified doctor.

"It kept him quiet. He liked it," was the convincing answer.

The baby lived, and he must be intended for president or ward boss, or something equally great, for nothing but a special dispensation of Providence could have counteracted the effect of that cheese sandwich. — *Boston Transcript*.

OVERWORKED (?) BUSINESS MEN. — It is so complimentary to the individual affected to say that his zeal in his work overcame his strength that few victims care to deny the soft impeachment, and quite contentedly resign themselves to the pity and commiseration of their anxious friends. The physician knows very well, however, that much of this sympathy is wasted on underserving subjects. It is not so much the abstract work that does the business as the culpable perversion of its aim and purposes. Rarely does real work in itself kill any one. In other words, the busiest of men can keep healthy and strong, provided they abide by the simplest laws of his being. If between times he sleeps well, rests when tired and eats well, he is seldom, if ever, worn out before his time. Thus it follows that most of the cases of so-styled neurasthenia have their foundation in abuses of digestion and in habits of dissipation, while innocent work gets the blame. . . . The tippling habit at luncheon, excessive smoking, late hours, midnight suppers, and similar excesses, explain more of the cases of neurasthenia among the so-styled overworked men than all other causes combined. Let us call things by their right names, and pity those only who deserve it. — *Medical Record.*

HYDROTHERAPEUTICS. — Cold or very hot hip-baths contract the abdominal vessels, driving the blood to other parts, as evidenced by congestion of the head, increase of axillary temperature, rise of the plethysmographic curve of the arm, and lowering of the rectal temperature. If this thermic irritation lasts but one to three minutes, prompt reaction ensues, that is active hyperemia of the abdominal organs, but if it lasts ten minutes or more, prolonged ischemia of that vast vascular area takes place, with weak and retarded reaction. Short cold hip-baths stimulate peristalsis, prolonged cold ones inhibit it, prolonged warm ones soothe pain and spasmodic contractions. Short cold hip-baths ( $50^{\circ}$  to  $65^{\circ}$ ) are therefore indicated in all conditions of the abdominal organs which are due to anemia, venous stasis, motor and secretory insufficiency, torpid metabolism — for instance, in atonic consti-

pation. Hip-baths at 50° to 68°, lasting ten to thirty minutes, according to Winternitz, act almost specifically in checking all forms of acute and chronic diarrhœa. They are, furthermore, indicated in bleeding and inflamed piles. Prolonged tepid hip-baths, at 70° to 80°, have a similar though milder action. Hip-baths at 90° to 100°, of one to two hours' duration, are suitable for colic and tenesmus. — *Exchange.*

CARBONIC GAS BATHS IN FRANZENBAD, AUSTRIA. — The gas comes out of the ground with great force, and is caught in a wooden receptacle, and conducted from this vessel by means of a metallic pipe in the gas bath house erected over the Polterbrunnen spring. In this bath house there are common baths for a number of bathers at the time, and also separate bath tubs. The common baths are two wide basin-shaped recesses, with steps all around the walls, and benches to be occupied by the bathers. The single bath tubs are about one meter deep, also with benches of gradual height. In the bath tubs, as well as in the common bath tubs, the bathers remain with their clothes on, the gas penetrating at once the clothing and acting on the skin. In the bath tubs the bathers need only to be careful to keep the head above the level of the irrespirable gas, that is above the edge of the tub. From the main pipe smaller pipes are branched off to supply contrivances for douches and inhalations.

The gas is pure dry carbonic acid admixed with a minimum of sulphureted hydrogen of indifferent effect. — *The Post-Graduate.*

THE INTELLIGENT CORRESPONDENT. — After eating a piece of cheese and a cup of hot milk I am suffering from severe pains in the chest. Can you advise me?

Omit the cheese, eat the milk with a teaspoon, and you will have no trouble. — *Exchange.*

COLLEGE, HOSPITAL AND LABORATORY NOTES.

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NEW YORK UNIVERSITY has just received a belated bequest from the estate of Samuel Morse of telegraph fame, who died thirty years ago. The bequest consists of \$1,000, the income of which is to be used for an annual medical scholarship.

DR. FRANK W. PATCH has established a quiet and pleasant home for patients with chronic ailments, on Indian Head hill in Framingham, Mass. The name of this home, Woodside Cottage, is attractive and rest suggesting. Drs. Rufus L. Thurston and Ellen L. Keith are consulting physicians, and Dr. Wm. F. Wesselhoeft is consulting surgeon.

LORD STRATHCONA and Mount Royal of Montreal has presented property worth half a million pounds to King Edward's Hospital Fund, formerly the "Prince of Wales' Hospital Fund," which was established several years ago for the purpose of extending financial aid to the hospitals of London, and which has prospered greatly through the labors and the influence of its royal patron.

THE number of medical students in Germany was 8,141 in 1897, while at present it is only 6,749, a decline of nearly 17 per cent. in the last five years. Berlin and Munich have about the same number of medical students as in previous years, 1,018 and 1,046 respectively, and the attendance at Rostock, Kiel, and Heidelberg has increased. The decline is most apparent at Wurzburg, Leipsic, Griefswald, and Breslau.

IN the Oriental Free Dispensary in San Francisco, a daily clinic is held, and a resident white physician and surgeon is ready to answer all urgent calls. There is a Chinese department with a Chinese doctor. The patients, upon entering, are given their choice of doctors, and about one-half of them choose the European treatment. Sometimes as many as four hundred cases a month are treated, the grand total of over 8,000 being duly registered and treated since the founding of

the hospital two years ago. Out of the four hundred monthly patients, an average of only about fifteen succumb to their ailments, the others are entirely cured or are well enough to leave the hospital and proceed with their work. About forty beds are in readiness, the surgical and medical treatment being free of charge. Chinese come from all portions of the United States to this hospital, many of them from eastern states, for it is the only institution of its kind in America.

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#### PERSONAL AND GENERAL ITEMS.

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DR. B. G. CLARK, of New York, has removed from 162 West 122d Street to 25 West 74th Street.

DR. E. C. WILLIAMS, member of the "A. I. H.," is located at Hot Springs, Virginia. His specialty is lithemic conditions.

DR. ALBERTA S. BOOMHOWER announces office hours of from 12 M. to 2 P. M., at Hotel Kensington, 685 Boylston Street, Boston.

PROFESSOR RUDOLPH VIRCHOW, the great German pathologist, who died at Berlin, September 5, 1902, was born at Schivelbein, in Pomerania, October 13, 1821.

DR. A. L. KENNEDY will be pleased to meet his friends and patients after October 1st at his new home and office on Pleasant Street, corner of Adams Street, Brookline.

THE LONDON MONTHLY HOMŒOPATHIC REVIEW for August, reports that subscriptions in England to the Hughes' Memorial Fund have reached the sum of nearly \$1,400.

MR. OTTO R. LOFSTEDT, whose interesting notes on the Swedish Movements appear in this month's GAZETTE, can be seen by appointment at his office, 185 Huntington Avenue, Boston.

IN PARIS the prefect of police has issued a memorandum to theatrical managers, commanding them to have a special doctor in each theatre for cases of emergency ; also a special hospital in the house.

DR. GEO. B. RICE, Boston, was elected president, and Dr. J. Ivimey Dowling, Albany, secretary of the Homœopathic Ophthalmological, Otological and Laryngological society at its recent meeting in Cleveland.

THE secretary of the Institute still has a few copies of the splendid, full-page pictures of Dr. Helmuth and of Dr. Talcott. Any member wishing a copy for framing can procure one by sending a request to Dr. Getchell, 100 State Street, Chicago.

THE librarian of Boston University School of Medicine would be indebted to any of our physicians who could furnish the library with a copy of the New York Medical Journal for October 19, 1901. Any editions of Gray's Anatomy would be very acceptable as a gift or loan.

DR. J. B. MATTISON, medical director, Brooklyn Home for Narcotic Inebriates, offers a prize of \$400 for the best paper on the subject : Does the habitual subdermic use of morphia cause organic disease? If so, what? Contest to be open two years from December 1, 1901, to any physician, in any language. Award to be determined by a committee : Dr. T. D. Crothers, Hartford, Conn., Editor Journal of Inebriety, Chairman ; Dr. J. M. Van Cott, Prof. of Pathology, Long Island College Hospital, Brooklyn, and Dr. Wharton Sinkler, Neurologist to the State Asylum for the Chronic Insane, Philadelphia. All papers to be in the hands of the chairman by or before December 1, 1903, to become the property of the American Association for the Study and Cure of Inebriety, and to be published in such journals as the committee may select.

RECENT county council statistics show the population of Greater London to be 6,581,372. A note of alarm has been sounded because, notwithstanding that the marriage rate has steadily increased since 1894, the birth rate has reached the lowest point ever touched. Thirty years ago the birth rate was 35.4 in the thousand. Now it has sunk to 29.3. Throughout England the full birth rate has been on parallel lines. The death rate in London shows a slight increase over the three previous years. Both pauperism and crime show a tendency to decrease.

ACCORDING to the latest reports the epidemic of cholera is reaching alarming proportions on the other side of the Pacific, the outbreak extending further and having more victims than ever before reported. It extends from the island of Java to Japan, and almost every city on the coast and many from the interior are affected. The disease, too, is being contracted by Europeans as well as natives. In Hong Kong, from the first of the outbreak to August 6, there had been 523 cases, six of the patients being Europeans, and 511 deaths, of whom four were Europeans. In Tientsin, the last report placed the number of cases for the year at 1,049 and 764 deaths within the city walls, and 1,015 cases and 593 deaths outside the city walls. In other places in China the proportion of cases and deaths is just as great. A dispatch says hundreds have died in Java.

A writer from Kuelin, Kwansi province, says: "I write from a city stricken with a violent epidemic of cholera. People are dying by hundreds daily. Outside the city over 1,000 have died. Whole families are reported to have died."

JOHANNES ORTH, professor of pathological anatomy in the University of Goettingen, succeeds the late Prof. Virchow to the chair of pathological anatomy in the University of Berlin. Prof. Orth was for many years Prof. Virchow's assistant.



# THE NEW ENGLAND MEDICAL GAZETTE

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## ORIGINAL COMMUNICATIONS.

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### THE GENERAL PRACTITIONER.

BY SAMUEL H. SPALDING, M. D., HINGHAM, MASS.

[Oration before the Massachusetts Homœopathic Medical Society.]

#### *Members of the Massachusetts Homœopathic Medical Society:*

This is a fitting time for us to meet here, within the walls of what is Alma Mater to most of us. As Plymouth Rock stands for the beginning of New England civilization, this institution stands for the beginning of homœopathic education in these Eastern States. The harvest season is a good one for us to meet and gather new courage and knowledge; the knowledge which has been gathered from the untiring work of thousands. The fruit comes to us from many fields—electricity, chemistry, biology, physics, zoölogy, mineralogy, and psychology. In fact, nearly or quite every field of scientific work brings yearly, I might say daily, results valuable to the work of the physician and surgeon.

By reasoning and experiment the physician assimilates these results, and gradually the average life is made longer, more comfortable, and better worth while.

You have all heard of the patient who thanked God that he had just an ordinary cold because, in all his previous ill-

nesses he had been obliged to go to some specialist, but now he could just stay at home comfortably and have his family doctor.

Division of labor is the key note of all evolution and has been progressing from the time the first protoplasmic cell learned to multiply and divide. But during the last decade of the nineteenth century the progress of all science has been so great, that this may well be called an age of specialism. Special work is sought in all occupations, from the servant girls up. It is the result of greater knowledge, and the greater number of appliances and material. The attainment of *all* the new facts that special investigations are bringing to us constantly, makes necessary too great a demand on our time. One must follow out one line of work while another is becoming expert in some other line.

While the study and practice of one specialty is the work of a life time, the value of that work is shared by all, and to none is its value greater than to the general worker. And no one of these workers has greater cause to thank the specialists than the general practitioner of medicine.

One of our colleagues has expressed a fear, that the general practitioner would soon become a curiosity; that extinction was staring him in the face, in fact. But there is still a strong movement the other way. The time when he may be counted with the Indian and the American bison is far off. No matter how highly developed the specialists may become, there still must be some one with general knowledge enough to point the sufferer to which kind of a doctor he must apply for relief.

Each one of us must follow his inclinations as much as possible in choosing his life work. As the appetizing qualities of a food have been proven of value in the process of digestion, so the congeniality of an occupation tends to make one's work more perfect and of greater use to any community.

To me, and I know to the majority of this Society, the

general practice of medicine has been a pleasure and a pride. I will make no apology for the subject of my oration. Viewed from the social standpoint, no professional man can claim so close, so homely, and respected a relation as that of the family doctor to his clientele, and to the community in which he lives. No one enters the house so nearly as one of the family. Secrets are intrusted to him as to no one else.

Viewed from the scientific or professional standpoint his work is most exacting. Often at a distance from expert consultants, great unshared responsibilities must be taken. He is thrown upon his own resources. If the results of his treatment is unfavorable, one pair of shoulders must bear the burden of criticism from those who misunderstand or are ignorant. He is generally placed in a position where he cannot explain to his critics. Even if he did explain he could not often be understood. Consciousness of work well done or done to the best of his ability is the doctor's greatest reward.

In a general practice the opportunity to study etiology in the effects of heredity and circumstances is very great. The old practitioner may have the whole life history of an individual, and part of that of the ancestors contained in his intimate acquaintance with the patient. He understands the working of every influence, mental, moral and physical upon that person, and he knows what those influences are and how they can be controlled. I know of no study more interesting and uplifting than that of the development of a sane mind in a sane body. And often the family doctor can and does make this possible when a little error allowed to work out its influence means a development which, though still interesting, is far from encouraging.

The busy practitioner, rushing from patient to patient, must diagnose certainly, and, if possible, quickly; prescribe as certainly and promptly. His mind must be ever on the alert to separate the facts from a lot of trash. Of the essential facts do not form one hundredth part of the mass of

details presented. Then he must make a complete examination and decide what to do. The fact that the sufferer is, perhaps, an old friend who has implicit confidence in every word and act of the doctor is an extra incentive to careful, accurate work.

The discoveries and well constructed methods or technique, of the specialists have been a great help to the general practitioner. Many hours and days of hard work and mental worry are now unknown, which ten or fifteen years ago were constantly with us. We can now, thanks to the surgeons, offer speedy and permanent cure for appendicitis, hepatic and renal calculi, salpingitis, and many other conditions formerly inoperable. Dr. Edebohl has recently shown us a possible way to cure chronic nephritis by surgery.

The X-ray promises the cure of lupus, with other skin troubles, and the possible cure of superficial and recurrent malignant growths.

What the outcome of the work in which Drs. Loeb and Mitchell will be we cannot tell now. Their discoveries in the realm of physiology are wonderful and may send other classes of diseases to the specialist; or, they may give the general practitioner a wider field in new methods of giving remedies.

We welcome all these new means for the rapid, safe, and permanent cure of disease. As Phil Kearney said to the reserves during a battle of our civil war, "You'll find lovely fighting all along the whole line;" and on the firing line the general practitioner has still a prominent place.

**DISEASES OF THE LINGUAL TONSIL.**

BY T. M. STRONG, M. D., BOSTON.

[Read before the Boston Homœopathic Medical Society.]

While the conditions arising from the diseased lingual tonsil are not unknown to the specialist, the presence and pathological states of this gland are very frequently overlooked by the general practitioner. The tissue referred to lies at the base of the tongue, is irregular and flat, with gland characteristics, and may extend by prolongation to be in touch with the faucial tonsils. The tissue is spread upon the surface, rather than projecting from it as does the faucial tonsil. It is divided into two portions by the central ligament of the tongue. There is a diffuse development of lymph follicles, interspersed with trabeculæ, and larger lymphatic nodules with central crypt. The blood supply is profuse, and there are also mucous and albuminous glands with ciliated epithelium lining the crypts, differing in this particular from the other tonsils; nor is the colloid degeneration and early atrophy of the pharyngeal tonsil to be seen in the lingual. It is supplied from the glosso-pharyngeal and superior laryngeal nerves. Although it manifests irritative conditions earlier in life than was formerly supposed, yet it is in adult life that its morbid conditions have received the greatest attention, thus differing from the pharyngeal and faucial tonsils, the latter having a tendency to atrophy towards adult life.

In all pharyngeal complaints the base of the tongue should be examined as a matter of routine, at least. In health the lingual epiglottic space is clear or contains only a few small, scattered follicles or elevations.

Its blood, lymphatic and nerve supplies very readily account for the severity and variety of the pathological states it from time to time assumes. It is liable to any of the conditions involving the other tonsillar tissues, namely, acute or chronic inflammation, simple or specific, including abscesses, hypertrophies, varicosities, and various neoplasms.

Its etiological factors are numerous, some definite, others obscure. It may be dependent on a continuous irritative hyperemia due to some obstructive nose or throat affection, or the continuance of catarrhal relaxation of the mucous membrane of the upper air and digestive tracts; to badly regulated habits, as to the use of spices or articles of diet having irritating qualities, associated more or less with constipation; to the immoderate use of alcohol or tobacco, with failure to take proper physical rest; in anemic constitutions or where there is an impaired condition of general health from a previous acute contagious disease. Renal inadequacy in children and adults are often accompaniments; the lithemic condition in a child from overfeeding or overindulgence in candy, cake or sweets. The rheumatic and gouty dyscrasias also seem to occasion a marked predisposition. In a word the causes potent in producing morbid conditions in the faucial tonsils; but why the one or the other tonsil is attacked in a given case, has not been determined.

The severity of the symptoms seems oftentimes to depend largely upon the neurotic element present in the individual case. The size of the growth differs materially in each patient, not always the largest growth causing the greatest trouble. The degrees of inflammatory action vary from smooth, small, red patches, to an involvement of the whole base of the tongue, resembling raw beef in its intensity of inflammation. Simple, acute local inflammation was at first supposed to be non-existent, but later observations show its not infrequent presence, the failure to recognize it being due probably to the fact that these cases would naturally come to the family physician, and be incorrectly diagnosed from subjective symptoms only. These are perhaps the patients who complain of sore throat, aggravated by swallowing, and indefinitely located according to the age or intelligence of the patient, as "in the back of the throat"; tongue stiff, aggravated from eating; the voice sounds thick, and there may be a slight rise of temperature. Visual examination of

the pharynx does not seem to explain the cause or seat of the trouble, and naturally, for its detection requires the use of the laryngeal mirror.

A typical follicular variety is not commonly observed, possibly from the fact that if associated with faucial involvement, the latter seems to be sufficient cause for the distress, or if it occurs alone, it is probably overlooked. When present, however, its course is very similar to the same process in the faucial tonsils.

The severest form is the peritonsillar infiltration, since in it we may have extreme swelling of the tongue, infectious phlegmonous inflammation, dangerous edema of the glottis, and the cervical glands may at the same time be extensively involved.

Recurrent attacks in children are of greater frequency than was formerly supposed, the failure to recognize being due to the difficulty of examining these young patients or lack of skill and attention. There is an irritative cough, frequent paroxysms, little or no expectoration in the beginning, although later it may be frothy, or there may be a small amount of tough, thick, muco-purulent expectoration, occasionally streaked with blood. The cough is aggravated lying down. The barking cough of puberty may sometimes be traced to this enlargement. Oftentimes there is a sense of stricture or fulness of the throat which may be unilateral or bilateral, with the absence of fever and tenderness, as a rule.

On account of the rich supply of blood vessels, the tonsil possesses possibilities of sudden enlargement, almost equal to erectile tissue. When the parts are swollen and almost in contact, any undue irritation from mouth breathing at night, changes of temperature, or any other exciting cause, sends a sudden supply of blood to the parts, and we have immediate contact. The symptoms are very similar to acute attacks of faucial tonsils: sore throat, illy defined, but usually located back or low down; swallowing difficult, as if over a lump

with futile efforts at deglutition, the painful sensation of a lump being the more pronounced according to the amount of surface in contact; frequent desire to clear the throat, as if a foreign body was lodged in it, with irritative cough, produced by an exasperating tickle, due to a small area of contact with the epiglottis. The paroxysms of cough may be strongly spasmodic, almost suffocative, aggravated or set up by eating, laughing, et cetera, so that the sufferer is afraid to go anywhere in public lest an attack may be provoked. You will see these paroxysms continue for an hour or more, and finally cease from exhaustion or possibly as the result of some fortunate treatment, or they suddenly cease without any manifest reason, unless the reply of a young woman patient, after one of these severe attacks, explains it, namely, that "something let go." It is probably a condition of spasm. The relief may be for a day or two or until some fresh irritation produces new contact.

Slowly from recurrent attacks, or without any history of noticeable preceding acute attacks, we have the development of these conditions, when failing all relief, they are referred to the specialist, who oftentimes makes a brilliant cure by promptly discovering the cause, which was equally within reach of the physician, if he had made himself reasonably familiar with the later method of examining the pharynx. There is little or no expectoration in these cases. If a cough is purely laryngeal, coughing and clearing the throat accomplishes something in the way of stopping it. If bronchial it stops by raising. When it is the lingual tonsil, coughing, rather of the two, aggravates the trouble.

"If a cough has lasted only a few hours a day, the attendant is not apt to suspect congestion of the lingual tonsil, as being the cause. Usually he examines the chest and if no trouble is found there, examines the throat with a tongue spatula to note whether the uvula is elongated, or the faucial tonsils enlarged. This being negative he thinks of stomach cough, or cough produced in a reflex manner from some re-



mote organ, provided there is no hoarseness, with or without slight expectoration. Under the latter circumstances he may think of inflammation of the larynx, as a cause of cough and direct his therapeutic means accordingly. At the end of his efforts he is apt to say nervous cough in a male or child — hysterical, perhaps, in a woman.” (Robinson.)

The growth of the tonsillar enlargement may be very slow, especially in those of a sluggish or lymphatic temperament, but when we find in such cases, complaints of constriction of the throat, sensation of foreign body in or above the larynx, and a dry, irritative cough, more or less continuous, causing great distress, or associated with asthmatic attacks, the lingual tonsil should be promptly examined.

Again in children it may be difficult at times to differentiate between this frequent, irritative cough, and the onset of whooping cough, or it may disappear as it came, and one writer has stated that it would be interesting to determine if whooping cough is accompanied with swelling of the lingual tonsil, or if the spasmodic attacks of this disease were aggravated by the presence of a swollen tonsil.

As other symptoms, in these cases, we have vague distress in the throat, which the patient cannot locate. The voice is hoarse, tires easily, particularly if used freely for loud reading or singing. This tonsillar condition is frequent in voice users with faulty methods, so that the voice tires from efforts to vocalize, and takes on throaty tones, is unreliable and liable to break. The neurotic condition of globus hystericus will be found, in some cases, to be associated with hypertrophy.

We also have bloody sputum at times, creating naturally a feeling of alarm, especially if the family history of the patient is suspicious of tubercular tendency. In these cases examination shows a greater or less extent of varicoses at the base of the tongue, a condition frequently accompanying this tonsillar hypertrophy, or occurring without this hypertrophy is equally a source of great annoyance, and gives rise

to many of the symptoms already quoted. This condition may be the result of pressure obstruction from the enlarged tissue, or from obstructed portal circulation, or other digestive irritation, or irregular menstrual functions. Although this condition of varices was described a number of years ago, it is only within a recent period comparatively, that it has received the attention it merits, even from laryngologists.

The treatment is similar to that for other tonsillar troubles, namely, medicinal and local, each complementary of the other, and neither so efficient alone. Aconite, belladonna, bryonia, rhus, the mercuries, alone or in combination with the iodides, or others as indicated, will suffice as a passing notice. Local treatment will be by gargles or direct applications of hot, cleansing, alkaline solutions, with atomizer, douche or cotton swab, and followed by iodine or other astringent or absorbent substances. Surgically the measures employed are the cautery, snare or guillotine, and wherever possible preferably the latter. The abundant supply of sentient nerves causes operative measures to be followed by considerable pain and reaction, continuing, in some cases, for several days, and due possibly also to the muscular attachments of the base of the tonsillar tissue as compared with the osseous and aponeurotic attachments of the pharyngeal and faucial tonsils. Some authors protest against the use of the knife on account of the possibilities of dangerous hemorrhages. While this may be true, and should be avoided, yet from personal experience, somewhat extensive, the guillotine is very much to be preferred, as offering a quick, clean and efficient agent, followed by prompt results, and with a hemorrhage of only slight degree, except for a few moments.

**SEPTICEMIA AND THE CURETTE.**

BY H. PLYMPTON, M. D., BROOKLYN, N. Y.

To attempt to break up an old established custom in any line of life is, at best, a thankless job, and one likely to call down harsh criticism upon the head of the daring iconoclast. To attempt to uproot old prejudices existing in favor of a certain line of practice in surgery, and diametrically oppose such practice, is to invite from some, adverse criticism of the harshest kind. The only recompense for this is a logical refutation of, or concurrence in, the argument advanced, on the part of other members of the profession. This latter is what I hope for, and if I provoke a discussion, or start a line of thought in the minds of half of the readers of this article I shall have achieved all I started out to do.

Curetting the uterus to remove fragments of after-birth or other debris has been taught in our Medical Schools from time immemorial, and it is firmly fixed in the receptive and retentive mind of every medical student that the first move following any such abnormal uterine condition, is to cleanse the uterus by means of the curette.

That the organ should be thoroughly and aseptically cleansed admits of no argument, but that the work should be done with the curette, I deny most emphatically. The majority of cases of death following the decomposition of fetus or placenta in utero, are caused by the use of the curette, and I hold that septicemia may be avoided if a more rational procedure be resorted to.

The condition of the uterus containing septic matter is one of great congestion; the thickened walls being coated internally and over the os with a thick, brown, tenacious mucus. The congestion is active, and therefore the more dangerous in the event of the admission of septic matter into the circulation. If the curette is used, denuding the walls of their protective covering, an immediate vaccination takes place with a septic virus, septicemia following in an incredibly

short space of time (chemical metamorphosis is marvelously rapid in the circulatory system) and death quickly ensues.

If without using the curette, we can remove the septic matter from the uterus without disturbing the mucous covering, and enable the uterus of itself to expel the coating, we shall have taken a long step forward in the treatment of this class of uterine cases. The uterus, by reason of its congestion, may be made to perform a self-cleansing act by exciting the exudation of the serum of the blood into its cavity, thereby washing itself out, and expelling all septic matter instead of absorbing it. This process of exosmosis is induced by a properly combined alkaline solution at a temperature above  $100^{\circ}$  and a strict avoidance of bi-chloride, carbolic acid, formaldehyde, or any antiseptic of an acid reaction or astringent nature, which would coagulate the fibrine and albumen of the blood.

My method of procedure is as follows :

First. The gentle removal of whatever fragments are lying in the uterine cavity, by means of forceps, care being taken not to tear from the walls any adherent piece.

Second. The gentle flushing of the uterine cavity with the alkaline solution ( $110^{\circ}$ ), the reservoir containing the fluid being not more than two feet above the level of the hips.

If the flushing could be continuously administered for a few hours (say two or three), the conditions would be more speedily reduced to normal, but the discomfort of the position of the patient (on a douche pan) prevents this, and a flushing once every two hours with one quart of solution is about the limit of treatment.

For flushing the uterus, I use a small dilating uterine douche, and as there is plenty of room for the escape of fluid and fragments, there is no danger of fallopian colic or salpingitis.

The first flushing is frequently followed by contractile

pains and expulsion of any previously adherent pieces, together with much of the mucus.

A tablet of Ext. Cannabis Indica, gr.  $\frac{1}{4}$ ,  
Ext. Ergotin, gr.  $\frac{1}{2}$ ,

every hour till desired effect is produced will contract the uterus and alleviate pain.

The bowels should be moved freely, both by enema and catharsis.

During the interval between douches, the patient should be kept on her back with the hips sufficiently raised to permit the retention in the vagina of as much of the alkaline solution as it will hold.

The rapidity with which this treatment will reduce temperature, relieve pain, stop vomiting and remove offensive odor is marvelous to one who has not tried it. Sometimes two flushings are sufficient to cleanse the uterus thoroughly; vaginal douches being all that are needed subsequently to complete the work. Uterine congestion is speedily relieved, and the uterine discharge changes from brown, thick, bad smelling mucus to a thin, transparent one, accompanied or followed by more or less of a flow of blood. A reduction in the frequency of the flushings is desirable as soon as a tendency to return to normal conditions begins to be observed, as it frequently will within twenty-four hours. Then simple vaginal douches every three hours with an occasional uterine flushing if symptoms indicate it.

The action of exosmosis (and endosmosis, for there is every reason to believe in the absorption of some of the fluid) is what is desired to relieve the existing congestion, as in a bronchitis, pneumonia, congestion of the kidneys, congestion of any mucous membrane, etc., and is the most rational means of restoring to normal condition.

I do not wish to be understood as decrying the use of that most valuable instrument the curette, but only the abuse of it, to wit: its employment under such conditions as make it

practically a sharp weapon loaded with septic matter, dangerous beyond the poisoned arrow of the Malay, or the fang of the cobra, and utterly opposed to our modern ideas of antisepsis.

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## MORPHINISM AND ITS TREATMENT.

BY CHARLES J. DOUGLAS, M. D., BOSTON.

Of all the drugs that enslave, morphine is the unapproachable chief. There is no drug addiction so exacting in its bondage, so tenacious in its grip, or so disastrous in its effects. And yet we must recognize in morphine a remedy of great value. In certain fields there is no drug that will take its place. On the one hand it has relieved more pain than any other drug in the *materia medica*. On the other hand it is, perhaps, responsible for more suffering and abject misery than all other drugs combined. It may bring either airs from heaven or blasts from hell. The medical profession is familiar with the good qualities of opium and its derivatives. It is the province of this paper to consider the other side of the subject.

It is generally admitted by careful observers that the prevalence of morphinism is rapidly increasing. It is estimated there are 60,000 morphine devotees in one of our large cities. One physician who has investigated the subject, expresses the opinion that from six to ten per cent. of American physicians are addicted to the morphine habit. This may be exaggerated, but judging from the number of physicians I have treated for morphinism during the last ten years, it must be very prevalent among medical men. For the most part it is a modern disease. Previous to the invention of the hypodermic syringe, about forty years ago, it was, I should say, comparatively a rare addiction. This useful instrument seems to have been an important factor in the rapid increase of morphinism.

Etiology. — 1. I regret to admit that one of the causes which operates in many cases is the physicians' prescription. The manner in which this drug is prescribed is important if you would avoid morphinism. The patient should never be told that he is taking morphine. Many physicians place this remedy in the hands of patients with instructions to take regularly or when certain symptoms arise. This proceeding is always dangerous to the patient, and often leads to the morphine addiction.

2. The high nervous tension of modern life often produces a condition which tempts the patient to invoke artificial aid. This is found in morphine and other narcotic drugs. The temptation to the tired physician lies here. Occasionally when there seems to be great need he takes a dose of morphine. These occasions gradually grow more frequent until finally they become daily. He is now completely in the grasp of the drug. In his efforts to cure himself he may resort to cocaine, and thus acquire a second drug addiction.

3. The willingness of a certain type of man to mortgage the future for the comfort and pleasure of the passing moment, is responsible for much recklessness in the self-administration of drugs. The narcotic or stimulating drug that makes a man abnormally comfortable to-day, will make him abnormally uncomfortable to-morrow. There is always a "difference in the morning." Hence the dose is repeated day after day, until it becomes such a necessity that it cannot be abandoned without producing more suffering than the victim can endure unaided. As a rule it may be said that pain, or some form of discomfort, is the cause assigned for the initial doses of morphine.

Symptoms. A long chapter might be devoted to the symptomatology of morphinism. Frequently, at first, no abnormalities are noticed. In time, however, the peculiar pallor appears, with sickness and languor in the morning. While the patient may seem to be seriously ill in the fore-

noon, he will, to all appearance, be as well as ever in the afternoon and evening, provided he has access to the morphine. He is distinctly a night blooming plant, so to speak. From ten to twelve o'clock at night he blossoms out into full possession of all his faculties. At that time he can work with either brain or hand with even more than normal vigor. If he has any special work to do, such as cleaning house, moving furniture or putting down carpets, he will commence operations just about the time every one else is trying to get to sleep. This is the time when he writes his letters, and a wonderfully fluent letter writer he is. If he is sufficiently educated, his sentences are likely to be long and involved, containing many details, all woven together, however, with grammatical accuracy. De Quincy asserts that he wrote "The Confessions of an Opium Eater" after he had abandoned the use of the drug. Perhaps so; but it seems to me that I can see on every page the unmistakable ear-marks of opium stimulation.

Among the other nocturnal activities of morphine patients is eating. Midnight in their estimation is the proper time for dining. They also possess a remarkable faculty for losing and misplacing things. Their personal effects are always in hopeless confusion, and they seem to be forever searching for lost articles. How they manage to lose so many things in so short a time is an interesting study for the psychologist. One explanation is that their abnormal secretiveness prompts them to hide things, and then they straightway forget where they are hidden. Procrastination is another characteristic. They will prepare to arrange to get ready to start, and when everything seems in readiness they will change their minds, and go back and begin all over again. I do not recollect a single morphine patient arriving at our sanitarium on the day appointed, unless, like the politicians, he "in the hands of his friends."

It would not be pleasant to dwell long upon the pitiable moral degradation which, in so many cases, overtakes these



unhappy people. Patients of the highest character are subject to this disease, and yet if morphine be taken long enough and in sufficient quantities, its victims become not only physical but also moral wrecks. Bacteria, hostile to morals, seem to be injected with the drug. In time the ethical brain gets paralyzed, and possessing a slight regard for truth combined with an active imagination, these patients become the most convincing and picturesque liars on earth. Yet their customary regard for truth and accuracy of statement seems to be entirely restored by the abandonment of morphine. I have treated mild cases in which these moral symptoms were apparently absent.

Treatment. A number of plans have been employed for weaning these patients from their morphine, and still more schemes for weaning them from their money. It is but natural and inevitable that conditions so distressing and peculiar should prove a fertile field for quacks. For all the victims of this drug long to be free from its galling bondage. But their fear of being hurt, and their desire for secrecy, make them an easy pray for the patent medicine venders, with their infallible and "painless" home "cures." Among the most diabolical of these nostrums are the ones that contain opium. The patient finds that he can at once dispense with his morphine while taking this so called "remedy," and he believes that he is rapidly being cured. But in fact he is only paying a high price for disguised opium. There are also institutions which advertise painless and quick cures. But inasmuch as such results are unknown to medical literature, it is probable that the writers of these advertisements draw upon a fertile imagination.

The methods employed by reputable physicians may be divided into two groups: 1st. The sudden withdrawal method. 2d. The gradual withdrawal method.

The plan of sudden and complete withdrawal of morphine is the simplest and quickest method yet devised. It requires only a padded cell and attendants who know no

mercy. Those who have passed through this form of treatment assure me that Dante's *Inferno* is but a feeble and inadequate portrayal of the tortures they suffered.

A recent writer in describing this method advises that "the room in which the patient is undergoing this sudden withdrawal method should contain no movable furniture or any utensils that can be broken. All kinds of smaller furniture or vessels are strictly to be removed, as they may become dangerous weapons in the hands of the excited patient. Especially must knives, scissors, etc., be kept away. Above all, it is important that the part of the hospital where the patient is treated shall be separate from all other apartments and wards, so that the other patients will not be disturbed by the maniacal cries and noise of the morphine victim."

This reads almost like a description of a mediæval torture chamber. As morphinism can be thoroughly and permanently cured without subjecting the patient to such suffering, the barbarian cruelty of this method becomes apparent.

The plan of gradual withdrawal is the one I have employed with success for many years. While it requires more time and patience and work on the part of physicians and attendants, yet it accomplishes a cure without the intense suffering and delirium that is caused by the sudden withdrawal of morphine. It is at once humane and effective. This method requires that the patient be removed to a sanitarium where he can be under the immediate care of physicians and attendants who are familiar with the peculiar idiosyncracies of this strange disease. Morphinism is never cured at home. If an exception to this rule ever occurred, the patient must have been under the strict surveillance of trained nurses. Most morphine patients are sincerely anxious to be cured, and yet they cannot be trusted to carry out a system of treatment at home.

I always administer the morphine subcutaneously, even though the patient has habitually used it by the mouth. I

am satisfied that it does less harm to administer morphine subcutaneously. Patients who habitually use the needle have fewer stomach complications. When gastric ailments are caused by the swallowing of opium, they are promptly relieved by changing to the subcutaneous method. Most patients prefer to use the needle, however, although few know how to do so properly. My plan is to insert the needle deeply into the body of the muscle at about right angles to the surface. The upper arm, above the insertion of the deltoid muscle, is a good location, and I use my left hand to hold the skin tight where the injection is given. I have the patient relax the muscles of the arm, and then I plunge the needle into the muscle with a quick movement. If properly done, this will scarcely be felt by the patient. I estimate that I have given over fifty thousand subcutaneous injections in this way, and I have never seen an abscess result. The method frequently employed of pinching up the skin and inserting the needle obliquely under it, is not only slow and painful, but it also often produces suppuration.

Internal remedies. It was my privilege to be present at the meeting of the American Medical Association at Saratoga last June. From one of the papers read at that meeting I quote the following :

“One of the noticeable things of to-day is the scepticism of the profession regarding drugs. . . . Some of the leading lights in this branch of medicine say with a measure of pride : ‘We know nothing of therapeutics, and less of materia medica.’ ”

In spite of such opinions, however, I will say that in the treatment of morphinism I certainly have not found internal medicine useless or unimportant. During the withdrawal period the most important symptoms to be combatted are :

Insomnia and nervousness in general.  
Pain, especially in the legs.  
Diarrhoea.  
Anorexia.

I consider it of the utmost importance that these patients be made to sleep nights, while the morphine is being withdrawn, even if it requires most vigorous measures. I frequently employ a mixture of soda bromide and chloral, giving full doses at 9 P.M. and 10 P.M., and insisting that the patient go to bed at the latter hour. It is sometimes difficult to persuade them to do this, as most of them have habitually remained up during the first part of the night, and slept during the first part of the day. They are generally very sure they cannot sleep and often will object to lying down, even when so drowsy that they fall asleep in their chairs.

There are many calmative and hypnotic remedies which may at times be employed with benefit. Among these hyoscine hydrobromate, administered subcutaneously, has recently been highly recommended. The many strange symptoms produced by this remedy have never been described fully in medical literature, so far as I know. I hope soon to give to the profession the results of my observation of this peculiar drug. Suffice it to say that, while frequently useful, it will as often produce delirium as sleep, and may obliterate memory without quieting the patient.

In many cases of insomnia I have found the most satisfactory hypnotic to be apomorphine. I believe I was the first person to call the attention of the profession to the hypnotic properties of this drug. Previous to the appearance of my articles on this subject, no text-book on materia medica referred to apomorphine as a sedative, and some distinctly denied that it possessed such qualities. The facts which I have published regarding this remedy have received wide attention from the profession and in professional journals both in this country and in Europe.

Last year, also, my method of using this drug as a hypnotic was extensively tried in a systematic way at Bellevue Hospital. An elaborate report of the result was published in *American Medicine* for March 8, 1902.

The pain produced by the withdrawal of morphine is not as easily relieved as insomnia by internal remedies. It is a general rule that the more rapid the withdrawal the greater the pain. These pains are of a neuralgic character and may occur in any part of the body but are more common in the legs. They are usually described as deep seated or "pain in the bones." I have found the most prompt and efficient remedy for this symptom is the faradic current. Occasionally the immersion of the feet and legs in hot or cold water will give relief. The coal tar products are perhaps as well indicated as any internal remedy.

Diarrhœa is a frequent symptom during the withdrawal period. A remedy that has proven effective in my hands is zinc sulphate in grain doses. But at times the diarrhœa proves so persistent and debilitating that relief can be obtained only by the temporary return to the use of some form of opium. I prefer laudanum for this purpose, occasionally combining it with camphor. The diet should be regulated with care.

Anorexia is frequently present. At times the appetite will be capricious, an enormous quantity being eaten at one meal and little at another. A great liking for some particular kind of food is apt to develop. Nearly all morphine habitues are very fond of candy. Alcoholic patients usually avoid sweets, but if they abandon whiskey for morphine, the craving for sugar at once appears. Tonics that will improve the appetite and digestion are indicated. A vigorous appetite may be expected soon after the use of morphine has been completely abandoned.

When a patient has taken his last dose of morphine, I consider him not more than half cured. At that point he is very weak, and if then sent out into the world he will surely return to the use of the drug. Under proper care and treatment, however, his improvement after this should be rapid. His mental faculties become clear, his weight increases, his normal habits of living are resumed. He now gratefully

realizes that the victory is won, and that he has emancipated from the opium bondage. What he has longed for, and prayed for, and dreamed of, for years is at last an accomplished fact. He goes forth a free man.

Morphinism and other drug addictions have been neglected by the profession in general, and especially by the medical schools. Medical students should be more thoroughly instructed in the character and treatment of these ailments, particularly alcoholism, morphinism, and cocainism. Their prevalence, their disastrous character, and their curability are ample reasons for giving more careful study to the pathology and therapeutics of these maladies.

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TO SUCCEED IN MEDICINE. — The essential requirements for a successful career in medicine are, a good groundwork of knowledge regarding theory ; thorough training in methods of application ; a fixed purpose ; honesty, tact, and good common sense. Happy is the man who, in addition to these qualifications, has the gift of inspiring in his patients courage and hope ; and leaving with them, in his round of calls, a ray of sunshine.

WHAT TO FORGET. — If you would increase your happiness and prolong your life, forget your neighbor's faults. Forget all the slander you have ever heard. Forget the fault-finding and give a little thought to the cause which provoked it. Forget the peculiarities of your friends, and remember only the good points which make you fond of them. Forget all personal quarrels or histories you may have heard by accident, and which, if repeated, would seem a thousand times worse than they are.

## EDITORIALLY SPEAKING.

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Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be *typewritten if possible*. To obtain insertion the following month reports of societies and personal items *must be received by the 10th of the month preceding*.

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### SANITORIUM TREATMENT FOR TUBERCULOSIS.

We understand there is an effort to be made at the coming session of the Legislature to have the State establish another sanatorium for tuberculous people in western Massachusetts. We hope every reader of the GAZETTE will use his or her influence to help this good cause along. The good accomplished at the Rutland Hospital can hardly be estimated at its true value, so far reaching for good is its influence, and we believe the State cannot expend money more profitably than in affording those of her offspring suffering from this disease in its incipency the means of cure, thus making them available citizens in place of helpless dependents. The western part of the State is exceptionally suited geographically for an institution of this kind, and will afford help to many of the citizens who are debarred from Rutland by distance. That this method of treatment is now world wide is evidenced by the following from the *Philadelphia Medical Journal* for Oct. 11, 1902 entitled: "What Russia Does for Her Consumptives."

"It is always interesting to know what our neighbors are doing, and in matters of such great importance as fighting the common enemy of mankind — tuberculosis — the actions of our transatlantic neighbors are of especial interest and may stimulate our own activity. It appears that in Russia they are taking a very sensible view of the situation, and, instead of fighting the tubercle bacilli, they are fighting the disease with a fair promise of accomplishing more good in the end. There are no 'antispitting,' 'antishaking,' 'anti-kissing' and other 'consumptive' laws there, but the idea of

sanatorium treatment of the tubercular has taken deep root and promises to bring forth fruit in the very near future. Already a number of active societies for the prevention of tuberculosis, with the sanatorium as the central idea, have sprung up in various parts of the empire. These societies have been brought to life mainly by the efforts of physicians with the active co-operation of intelligent laymen. The 'Kieff Society for the Prevention of Tuberculosis in the South,' composed of lay and professional members, proposes to fight tuberculosis by education of the masses, as well as by the establishment of sanatoria. The projected sanatorium is to cost 150,000 to 200,000 roubles (\$75,000 to \$100,000), and already a single bequest of 70,000 roubles has been received. A similar society exists in Urjeff, with Prof. Degio as its president. In Warsaw, a sanatorium is being established by the 'Hygienic Society,' and contributions to the sum of 60,000 roubles have been received. In Odessa, under the leadership of a woman physician, a society of intelligent men has been organized for the purpose of disseminating information concerning tuberculosis by means of popular treatises, lectures, etc. Great activity in this direction is also shown by the Charkoff Medical Society, and even in Siberia and other parts of the East. In Moscow, the establishment of a sanatorium by the city is in progress, and a single donation of 200,000 roubles has been made toward the project. Besides, in the nearby county of Bronitsk a sanatorium is to be established shortly by the funds contributed by Chrapouloff (100,000-150,000 roubles). A number of sanatoria are already in successful operation in Ialta, Finland, St. Petersburg, and other places, and many others are being projected. We can only point to this activity as an example worthy of emulation."



## SOCIETY REPORTS.

**MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.**

The sixty-second semi-annual meeting of the Society was held in Pilgrim Hall, 14 Beacon Street, Tuesday afternoon and evening, Oct. 7, 1902, and at the Massachusetts Homœopathic Hospital Wednesday morning, and at the Boston University School of Medicine Wednesday afternoon, Oct. 8, 1902.

Tuesday afternoon, Oct. 7, 1902. The meeting was called to order by the President, Winfield Smith, M. D., and placed in charge of the Committee on Ophthalmology, Otology; Rhinology and Laryngology, Frederick W. Colburn, M. D., Chairman.

## PROGRAMME.

1. "An Usual case." George A. Suffa, M. D.
2. "The Lingual Tonsil." Thomas M. Strong, M. D.  
Discussion open by N. H. Houghton, M. D.
3. "Eye Strain from Unbalanced Recti Muscles." David W. Wells, M. D. Discussion opened by John H. Payne, M. D.

Tuesday evening, at 8 P. M., the members again assembled to listen to the report of the Committee on Gynæcology, Winslow B. French, M. D., Chairman.

## PROGRAMME.

1. "Prolapsus Uteri and Vaginæ." Gustaf Flinck, Masseur to Massachusetts Homœopathic Hospital.
2. "Pathological Conditions of the Ovary." Dr. William H. Watters.
3. "Possibilities of the X-ray in Pathological Conditions in Pelvic Organs." Dr. Benjamin T. Loring.

Wednesday morning, at the Massachusetts Homœopathic Hospital, the clinical report of the Committee on Surgery, Nathaniel W. Emerson, M. D., Chairman, was presented.

The clinical session consisted of operations by members of the Surgical Staff of the Hospital with discussion of cases.

PROGRAMME.

1. "Inguinal Hernia." William F. Wesselhoeft, M. D.
2. "Appendicitis — Interval Operation." James B. Bell, M. D.
3. "Edebohl's Operation for Nephritis." Horace Packard, M. D.
4. "Uterine Fibroid — Abdominal Hysterectomy. Winfield Smith, M. D.
5. "Gall Stones?" J. Emmons Briggs, M. D.

At 12.30 P. M. the members adjourned to the Biological Laboratory of the Boston University School of Medicine where luncheon was served.

At 1.30 P. M. the Annual Oration was delivered by Samuel H. Spalding, M. D., his subject being "The General Practitioner."

At 2 P. M. the records of the last meeting were read and approved.

Dr. Cora M. Johnson, delegate from the Maine Homœopathic Medical Society, was invited to participate in the meeting.

The following candidates for membership, approved by the Board of Censors and recommended by the Executive Committee, were elected :

Ida Dudley Clapp, M. D., Dorchester ; Addie B. Dalrymple, M. D., South Boston ; Frank B. Foster, M. D., Boston ; Robert F. Hovey, M. D., Springfield ; J. Arthur Jones, M. D., Boston ; James S. Kennedy, M. D., West Medford ; George N. Lapham, M. D., Rutland ; Dikran D. Nalchajian, M. D., Chelsea ; Clarice J. Parsons, M. D., Springfield ; Charles B. Sanders, M. D., Lowell ; Margaret N. Sanford, M. D., Arlington ; J. Frank Trull, M. D., Biddeford, Maine.

The election of members was followed by the report of the Committee of Materia Medica, John P. Rand, M. D., Chairman.

Discussion was invited upon the drugs under consideration, also concise answers to the following questions: "What remedy do you prescribe with the greatest confidence, and for what conditions and in what dose do you prescribe it?"

PROGRAMME.

1. "Some Fragmentary Thoughts concerning Conium Maculatum." Frederick B. Percy, M. D. Discussion opened by Conrad Wesselhoeft, M. D.

2. "Medication in Nervous Diseases of Functional Origin." Franklin S. Wilcox, M. D. Discussion opened by Edward P. Colby, M. D.

3. "Medical Care of Women from Conception to Lactation." Plumb Brown, M. D.

4. "Remedies in Some Diseases of Infancy and Childhood." Maurice W. Turner, M. D. Discussion opened by Frank A. Hodgdon, M. D.

5. "Heart Remedies." John P. Rand, M. D. Discussion opened by John K. Warren, M. D.

At 4 P. M. the report of the Committee on Dermatology, Syphilology and Genito-Urinary Disease, Frederick W. Halsey, M. D., Chairman, was in order.

PROGRAMME.

1. "Primary Stage of Syphilis." Walter H. Tobey, M. D.

2. "Secondary Stage of Syphilis." Orren B. Sanders, M. D.

3. "Tertiary Stage of Syphilis." John L. Coffin, M. D.

The meeting adjourned at 5 P. M.

The papers and discussions will be found in full in the volume of transactions.

FREDERICK L. EMERSON,  
*Recording Secretary.*

**BOSTON HOMŒOPATHIC MEDICAL SOCIETY.****BUSINESS SESSION.**

The regular meeting of the Society was held at the Boston University School of Medicine, East Concord St., Boston, Thursday evening, October 2, 1902, the President, Frank E. Allard, M. D., in the chair.

The records of the last regular, and one special meeting were read and approved

The Secretary called the attention of the members to the following note on the programme: "The State Board of Charity is making an investigation in connection with further advantages for the care and treatment of consumptives. This Society among others has been asked to express its opinion in regard to the subject, and special attention will be paid to the important matter at this meeting." Dr. Spalding stated that he had received a communication from the State Board of Charity expressing the desire of the Board to find out as far as possible from the members of this and other medical societies whether it was advisable to establish one large sanatorium or several small ones in different parts of the State, which would be more accessible to the patients and their relatives.

Dr. Allard: It is unfortunate that Dr. H. C. Clapp, who has been so long connected with the State Hospital at Rutland, cannot be present this evening. Dr. Clapp has given this subject much thought and careful study, and were he here could give us valuable information. In a recent conversation with him he said that, in his opinion, the present accommodations at the State Sanatorium at Rutland practically met the present demands for the care and treatment of cases of incipient tuberculosis. And it did not seem advisable at this time for the State to assume the additional expense necessary to extend the work further. That, in the opinion of the Governor, the large cities and towns throughout the Commonwealth should make provisions for the care and treatment of such cases as reside in their locality. In reference to the cottage plan, compared with that of the sanatorium, Dr. Clapp said

that the former was altogether too expensive for the present, and such a proposition could not be carried through the Legislature. There is, however, an imperative demand for the accommodation of advanced cases which the State Hospital is obliged to reject because they are incurable. In this direction we should use our influence to secure a hospital for such cases in the immediate future.

On motion of Dr. S. H. Blodgett the following vote was passed :

*Voted*, That it is the sense of this Society that the present accommodations are sufficient for incipient cases, but we would urgently request that a sanatorium be provided for the care and treatment of advanced cases.

Dr. Worcester : There is no reason why cities and towns should not take care of their own patients, as it is impossible for the State to have the entire care of this class of patients.

Dr. Allard : Dr. Clapp told me that quite a number had already taken some action of this kind, but, of course, they would much rather have the State provide for them.

#### SCIENTIFIC SESSION.

Dr. Watters gave a brief account of an autopsy recently performed on a patient who had been at the hospital about two weeks, exhibiting uterus and kidneys. The patient was four months pregnant and showed peculiar mental symptoms, and thought to have taken means to procure an abortion ; was similarly affected two years ago. The uterus was found very much dilated and the fetus could be felt very freely movable. On opening the right kidney there was a spurt of urine and yellowish purulent material. All parts were very vascular. Further examination showed the ureter enlarged and twisted on itself, making a valve or trap which prevented the passage of urine ; on account of this there was a retention which caused inflammation. The enlarged ureter was due to some previous condition. It is not possible to tell what the conditions are from the urine alone. In two other cases under observation not long ago the peculiar conditions were still more marked, the pus in the kidneys having be-

come inspissated is now like thick putty; in the other, one kidney was entirely functionless and the other partly so. Dr. Blodgett has seen a case practically like this one.

Dr. Blodgett: In the case under my observation there was a passage of calculus, and inflammation, but the urine showed a comparatively good analysis. The autopsy showed the kidney full of a very thick brown substance, which would not run, almost crumbly.

#### SECTION OF PATHOLOGY AND THERAPEUTICS.

*S. C. Fuller, M. D., Chairman; T. R. Griffin, M. D., Secretary; W. B. French, M. D., Treasurer.*

The President appointed the following committee to nominate sectional officers for the ensuing year: Dr. A. G. Howard, W. N. Emery and E. E. Allen. The committee reported as follows: Chairman, W. H. Watters, M. D.; Secretary, D. P. Butler, Jr.; Treasurer, Eliza T. Ransom, M. D., who were duly elected.

#### PROGRAMME.

1. "Exhibition of Pathological Specimens and Description of the Method of Preparation." W. H. Watters, M. D.
2. "Morphinism and Its Treatment." C. J. Douglas, M. D.
3. "Recent Advances in Physical Diagnosis." Richard C. Cabot, M. D.

Dr. Watters: What I have to say to-night may really be called a resumé of several papers; but it is something in which we are all interested, a method of preserving gross tissues in as nearly as possible their normal colors.

The old method of preservation in alcohol rendered the specimens practically useless to the student as far as the colors were concerned. Formalin which was more recently introduced has been similarly unsatisfactory. A method in vogue at present gives more gratifying results. I refer to the Kaiserling solutions, whereby color is preserved by solutions of potash. By this means the colors remain for a few months if the specimens are kept in the dark, but later these are even less satisfactory than the older methods.

Some time ago the writer made a series of experiments in the laboratories of our medical school, the results of which are shown to you this evening. The method, which is fully described in the *New York Medical Journal* for Aug. 23, 1902, consists of preliminary preparation in Kaiserling's solution and permanent mounting in a potassium-gelatin mixture. By it we believe that many pathological conditions can be better demonstrated and a more vivid impression made on the student's mind than by the other methods now in common use. At the meetings of the American Medical Association and of the American Institute of Homœopathy specimens thus prepared were exhibited by us and received a very flattering amount of attention.

Dr. Fuller: Specimens prepared by Dr. Watters' method put up two years ago, are unchanged in color and practically uninjured.

2. Discussion of Dr. Douglas' paper.

Dr. Allard: I would like to ask Dr. Douglas if patients return for subsequent treatment after having been discharged. Do they ever backslide?

Dr. Douglas: It is not uncommon for morphine patients to relapse. One chief reason is, perhaps, that it is difficult to keep a patient under treatment a sufficient length of time. As soon as a patient can get along reasonably well without the drug, he is anxious to get away, perhaps on account of financial reasons, or the time required away from his business. The result is that he goes out in a nervous condition, very susceptible to pain, and if he has pain in the stomach or head or elsewhere he is tempted to use morphine. If he takes one dose he will repeat it, and thus the habit is resumed. The average length of treatment is perhaps six weeks, but this is altogether too short a time. He should be under treatment at least two months. If I can get a patient on leaving the sanitarium to go into the country for a time, and be entirely free from care and annoying circumstances, the length of sanitarium treatment may be shortened with good results. A gentleman called on me to-night, who

adopted this plan, after treatment, and has just returned radically improved. His increase in weight has been phenomenal.

The quantity of apo-morphine given varies with the susceptibility of the patient. In some cases grain 1-50 will produce nausea; 1-30 of a grain is about the average dose. After a few doses the patient becomes very tolerant of it. In nine cases out of ten it is an effectual hypnotic. Some patients from the first will tolerate large doses.

Dr. S. C. Fuller exhibited specimens of the ileum and kidneys in typhoid fever which were removed at autopsy on a patient who, after a short residence, died at the Westboro Insane Hospital. The diagnosis of typhoid fever was established soon after admission. It is doubtful if the incidents which led to commitment in this case were due to a real psychosis rather than to the existing typhoid fever. The histological changes, especially those of the liver, solitary follicles, mesenteric lymph glands and kidneys were typical of typhoid fever. The cord is the only portion of the central nervous system which has been studied. In specimens stained by Weigert Pal, Mallory's differential connective tissue stain, Marchi, and Nissl's methods, no good evidence of degeneration is shown.

The gross specimens were preserved in Kaiserling's fluid and mounted in glycerine-jelly. Specimens similarly prepared were exhibited of the lung of a young pig in swine plague, and of the large intestine of another pig in hog cholera. In the lung from swine plague, attention was called to the cheesy-like areas which studded the whole organ, and to the pneumonia. In the early stages of these focal necroses they simulate the cheesy areas of milliary tuberculosis except that the color is of a distinct greenish-yellow cast, while in advanced cases, as were sometimes observed in adult hogs, the whole of a lung would be necrosed, and in its place a large, cheesy-like mass remaining.

The specimen of the large intestine in hog cholera was exhibited in connection with the specimens of the ileum in



typhoid fever. Hog cholera is often spoken of by English writers as "pig typhoid" ; and by some considered the analog of typhoid fever in swine. The round, brownish, slightly elevated button-like ulcers in the hog cholera were well shown in the specimen.

Photomicrographs of some of the histological changes in two cases of general paresis were exhibited. Both cases gave a history of syphilis, and in one there was associated high tabes. The photomicrographs exhibited were: one picture of an early arteritis syphilitica in a small artery of the cerebral cortex, three of periarteritis syphilitica, showing the character of the infiltration, which in one of these pictures was entirely of lymphoid cells, and in the other two of lymphoid and endothelial cell. One endothelial cell could be seen within the lumen of the artery near its sheath, and the inference was drawn that the endothelial cells found in the infiltration had their origin in the proliferation of endothelium lining the blood vessels and subsequently wandered to this locality. There was a photograph showing the infiltration of the pia in chronic leptomeningitis of one of these cases; one of the cervical cord stained by Weigert Pal method, showing complete degeneration of the posterior mesial columns; one of another section of the cervical cord, about 3 mm distance from the preceding section, stained by the Nissl method in which the anterior horn cells were seen to be well preserved, while in another photomicrograph of the posterior horn of the same section, the cells were seen to be entirely degenerated, the Nissl bodies had disappeared, the cells intensely pigmented and somewhat distorted. Another photomicrograph of one of the cases showed the loss of gemmules on dendrites of ganglion cells in a section from the third frontal convolution prepared by the Golgi method. Attention was, however, called to the fact that this loss of gemmules was of no particular significance, although when the preparation was made it was with the view of determining this point. Berkeley had pointed out that absence of gemmules was significant of cell degeneration, but it has

been shown in later studies of Weil and Frank (*Archives Neurol and Psycho-Pathol*, Vol. III, No. 3) that the presence or absence of gemmules is largely a matter of technique.

A miscellaneous collection of photomicrographs were also exhibited, including amyloid degeneration of liver and spleen, detached retina in case of injury of the eye, tuberculous ulcers of cornea and of small intestine, chronic diffuse and chronic interstitial nephritis, a normal graafian follicle in an otherwise markedly cystic ovary, etc.

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## BOOKS AND READING.

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Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked NEW ENGLAND MEDICAL GAZETTE, and sent to the publishers, Otis Clapp & Son, 10 Park Square, Boston.

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A HAND-BOOK OF MATERIA MEDICA, PHARMACY AND THERAPEUTICS.  
By Sam'l O. L. Potter, A. M., M. D., R. M. C. P., Lond.,  
formerly Professor of Principles and Practice of Medicine in the  
Cooper Medical College of San Francisco, etc. Ninth edition,  
revised and enlarged. Philadelphia: P. Blakiston's Son & Co.  
1902. pp. 951. Price, cloth, \$5.00 *net*.

In this single, large, but not bulky volume the physician is taught the essentials of materia medica and therapeutics from the allopathic viewpoint. But these essentials, well and thoroughly as they are presented, leave space which is intelligently utilized for the furnishing of a large amount of knowledge which the exponents of all schools should possess. The student and reader will here find definite statements as to the physiological action of drugs, both official and non-official, the constituents of organic drugs, the classification of medicines, the applicability of transfusion, the hypodermic method of administering medicine.

He will learn the dosage of official preparations with which he should be familiar whether he includes them in his armamentarium or not. It is the same with prescription writing; knowledge of it does not come amiss, or an understanding of compatibles and incom-

patibles. Some of the pharmaceutical operations of the old school are of much interest to all scientific professional men. A physician should be conversant with forms and methods alien to his own, as thereby he is better fitted to estimate their worth, and intelligently discuss questions which are not bounded by the teachings of any one school.

Potter's Handbook additionally contains many and valuable tables of differential diagnosis, of weights and measures, metric conversions, specific gravities and volumes, hypodermic formulæ, instruction in clinical examination of the urine, in the treatment of cases of poisoning, and in the significance of temperature in a large number of diseases. Besides the usual index, it has a convenient thumb index, and is well and strongly bound.

**PRACTICAL DIAGNOSIS: THE USE OF SYMPTOMS AND PHYSICAL SIGNS IN THE DIAGNOSIS OF DISEASE.** By Hobart Amory Hare, M. D., B. Sc., Professor of Therapeutics in the Jefferson Medical College of Philadelphia, etc. Fifth edition, revised and enlarged. Illus. Philadelphia and New York: Lea Brothers & Co. 1902. pp. 698. Price, cloth, \$5.00 *net*; half morocco, \$6.50 *net*.

Broadly speaking Hare's Diagnosis consists of two divisions: Part I, the Manifestation of Disease in Organs; Part II, the Manifestation of Disease by Symptoms. In neither of these divisions will the reader find the old fashioned methods of studying individual diseases adhered to. The more rational method, that of rightly determining, valuing, and grouping symptoms is the one followed. This is a logical, synthetic method of arriving at a correct diagnosis and is particularly well adapted to the elucidation of puzzling cases where the question of differentiation must be as speedily settled as possible. If a man can study a given case by the symptomatology, as he can by the aid of Dr. Hare's work, without needing to guess at the name of the disease he can often save valuable time. Under the single topic, "The Skin," for instance, he will find comparisons presented of all eruptions and other lesions of the skin, and their diagnostic significance, and will be saved the trouble of consulting scattered articles on measles, scarlet fever, etc., etc.

Considerable data in this work is condensed and tabulated, and the best arrangements of other authors have been freely made use of, due credit being given. An excellent and typical table is that

on pain, differentiating mode of onset, the character, intensity, location, and effect of pressure in various abdominal affections. Another table makes it possible for a physician to ascertain from the percentage-amount of urea in a given specimen of urine, the absolute amount excreted during the day, the whole of the twenty-four hours' urine of course having been saved and measured.

There is a good chapter on the blood, giving methods of examination, indicating the conditions which will be found in certain cases, and by engravings, illustrating variations in the constituents of the blood.

This work has two indexes: one of symptoms, the other of diseases, representative of its comprehensiveness. Homœopathists have been charged with undervaluing the importance of correct diagnosis. The invariable use by them of such works as Dr. Hare's should be a sufficient refutation.

**PRACTICAL GYNECOLOGY: A COMPREHENSIVE TEXT-BOOK FOR STUDENTS AND PHYSICIANS.** By E. E. Montgomery, M. D., Professor of Gynecology, Jefferson Medical College, etc. Illus. Philadelphia: P. Blakiston's Son & Co. 1901. pp. 824. Price, cloth, \$5.00 *net*.

A work on gynecology, new from cover to cover, should contain the most improved methods of diagnosis, and of treatment both medical and instrumental. In addition the subject matter should be well arranged, with a view to securing explicitness and an orderly sequence of topics. The illustrations should literally illustrate the author's meaning, and be a valuable aid to perfect comprehension on the part of the reader. These requirements we think Montgomery's Gynecology well meets.

The author fully realizes that no instruction will take the place of individual effort, observation, and experience. He endeavors to stimulate the first and increase the second, knowing that opportunities for experience will in all probability follow. Although the work is rather distinctively on operative gynecology, non-operative treatment is not ignored or its frequent advisability set aside cursorily in favor of the sometimes more attractive methods of surgical interference. The author is remarkably fair in giving due weight to every accredited resource now at the disposal of the specialist. He is, moreover, most painstaking in his instructions in diagnosis. Pa-

thologic anatomy is given considerable prominence, and the symptomatology is very complete. However well written up each disease is in its totality, we find it also invariably considered with reference to its relation to the entire genital tract. A large proportion of the numerous illustrations has been prepared exclusively for this work.

That the book is well gotten out will naturally be inferred from the name of the firm publishing it.

A TEXT-BOOK OF HISTOLOGY AND MICROSCOPIC ANATOMY OF THE HUMAN BODY, INCLUDING MICROSCOPIC TECHNIQUE. By Dr. Ladislaus Szymonowicz, translated and edited by John Bruce MacCallum, M. D. Illus. Philadelphia and New York: Lea Brothers & Co. 1902. pp. 435. Price, cloth, \$4.75 *net*.

Starting with the elementary unit of life, the cell, the author traces its development by direct and indirect division, through fertilization, to the formation of the different tissues of the human body.

In the second part of his work, which occupies the greater portion of the book, he treats of the microscopic anatomy of the organs of the circulatory, alimentary, respiratory, urinary, reproductive motor, and nervous systems, in the order given.

Nothing could be more complete and exhaustive, or clearer, than the method followed. We feel that in this respect, the English speaking world is greatly indebted to the translator, Professor MacCallum, of Johns Hopkins. His remarkably thorough acquaintance with histological work has served him well, and enabled him to present to individual workers and instructors in medical schools, a text-book embodying the results of all recent investigations in Germany, and in a form excellently well adapted to the requirements of the profession in this country.

Let it be added that no one, however appreciative of the text of this volume, will fail to especially remark the excellence of the illustrations. Evidently no pains or expense has been spared in their production. The very large number of engravings represent faithfully illustrative material prepared by the author. These are in addition to nearly sixty plates in monochrome and colors.

Dr. MacCallum in the preface to this American edition points out that he has traced, so far as possible, the development of the organs and the histogenesis of the tissues, and that the study of histology from this viewpoint should especially commend itself to instructors.

PRACTICAL OBSTETRICS: A TEXT-BOOK FOR PRACTITIONERS AND STUDENTS. By Edward Reynolds, M. D., Visiting Surgeon to the the Free Hospital for Women, Boston, and Franklin S. Newell, M. D., Assistant in Obstetrics and Gynecology in Harvard University. Illus. Philadelphia and New York: Lea Brothers & Co. 1902. pp. 553. Price, cloth, \$3.75 *net*.

Pregnancy, natural labor, obstetrical surgery, abnormal labor, the pathology of labor, and the puerperium are treated of in this work in a readily understood and straightforward manner. No attempt has been made to present many views of many minds, but a single definite line of action or method of treatment which has met with general approval, is outlined with due discussion. Reasons are adduced, however, with sufficient frequency to render the text explanatory as well as dogmatic. This is practically a second edition of an earlier work more limited in its schema than the present one. The latter omits none of the important sections into which the study of obstetrics may be divided, but some concessions are made to securing brevity.

The section on the conduct of labor and the after care of the mother and child are especially good. There is not sufficient elaboration, in our judgment, in the chapter on pregnancy, of the hygienic aspects of that condition. Students always, and physicians frequently, have not sufficient familiarity with the practical application in such cases of all the important, but individually underestimated means of securing the best conditions for the child before birth, and for the mother while carrying it. Students need, also, more instruction in the duties of the nurse, but we are glad to see that this is recognized in the book in question. It is altogether a decidedly creditable volume, and will be an acceptable manual, especially in reading up for examinations, as it is not discouragingly bulky.

THE INTERNATIONAL QUARTERLY. Vol. VI., Number I., September-December, 1902. Edited by Frederick A. Richardson, Burlington, Vt. Price, \$4.00 a year; single numbers, \$1.25.

Since the issuance of its first number in January, 1900, this magazine has been known as *The International Monthly*. In future it will be continued as a quarterly journal more than double the size of the earlier numbers, and containing articles of notable character

by brilliant and widely known writers. While *The International Quarterly* is an American review, its scope is broad and generous. It has been and will be a medium of expression for the best thought of the English speaking world.

The articles in the current issue are fairly representative, and include among others: The Growth of Property Rights in Water by Elwood Mead, Chief of Irrigation Investigation, U. S. Dept. of Agriculture; Religious Fusion, by Crawford H. Toy, Professor of Hebrew, Harvard University. Napoleon in the Light of Posthumous Testimony and Recent Historical Works by Marc. Debrit, Editor-in-Chief of the *Journal de Geneve*; The Egypt of To-day, by Jeremiah W. Jenks, Professor of Political Science, Cornell University; National Art in a National Metropolis, by Will H. Low, Academician of the National Academy of Design; Zionism by Max Nordau; Hermann Sudermann, by Richard M. Meyer, University of Berlin; The Elective System Historically Considered, by J. H. Robinson, Professor of History, Columbia University, New York.

We note that the advisory editorial board numbers many names of the most prominent educators of public thought and opinion in history, literature, art, religion, sociology, psychology, biology, medicine, economics, and international politics. A quarterly chronicle of the world's work and interests will form a department of each number. We believe that earnest and progressive men and women, lay and professional, will find ample returns in the stimulus of thought afforded by all that is offered in this meritorious publication.

**DISEASES AND THERAPEUTICS OF THE SKIN.** By J. Henry Allen, M. D., Professor of Skin and Venereal Diseases, Hering Medical College, Chicago, Ill. Philadelphia: Borricke & Tafel. 1902. pp. 353. Price, \$2.00 *net*; by mail, \$2.12.

It would be difficult to mention any disease of the skin not touched upon in Dr. Allen's little book. In a small duodecimo it is manifestly impossible to give a detailed description of the etiology, pathology, symptomatology and treatment of the manifold diseases of the skin, nor has this been attempted. But what has been accomplished is the grouping of appropriate remedies under each affection, and their careful differentiation. This, after all, is what the

homœopathic practitioner most desires and requires, as he is already well supplied in old school text-books with knowledge on other points. The introductory pages of Dr. Allen's book are explanatory of the structure of the normal skin; subsequent chapters contain a long list of diseases, while a separate part presents the *materia medica* of dermatology. It is a compact, convenient, and neatly bound volume.

AMERICAN INSTITUTE OF HOMŒOPATHY: TRANSACTIONS OF THE FIFTY-EIGHTH SESSION HELD AT CLEVELAND, OHIO, JUNE 17-21, 1902. Edited by Chas. Gatchell, M. D., General Secretary. Chicago: Publication Committee. 1902.

Members of the Institute barely had time to familiarize themselves with the contents of the Transactions for 1901, when the volume for 1902 was delivered. This almost unprecedented promptness is a most welcome and commendable change, and we cannot but feel that it is due in a large measure to the energy and executive ability of the General Secretary.

The Transactions for 1902 contains even more than the usual number of admirable papers. These are extremely practical in their nature, and representative of the trend of modern thought which no longer considers of minor importance, the conservation of health, the prevention of disease, and the emphasizing of methods, in surgery as well as in medicine, other than the radical and heroic. Aside from the papers and reports of discussions this volume of the Institute includes valuable information concerning societies, colleges, hospitals, dispensaries and medical journals.

Messrs. Wm. Wood & Co., Publishers, 51 Fifth Avenue, New York City, announce the publication of the following works by well known writers:

THEORY AND PRACTICE OF INFANT FEEDING WITH NOTES ON DEVELOPMENT. By Henry Dwight Chapin, A. M., M. D.; A MANUAL OF SURGERY. By Wm. Rose, M. B., B. S., Lond., F. R. C. S.; KIRKES' HANDBOOK OF PHYSIOLOGY. Seventeenth American Edition. Revised by Wm. H. Rockwell, Jr., M. D., and Charles L. Dana, A. M., M. D.; DEATH AND SUDDEN DEATH. By P. Brouardel.

All Messrs. Wm. Wood & Co.'s publications are standard and of recognized merit, and the above are important contributions to medical literature, and will be duly reviewed in this journal.



## THE SPECIALIST.

## DISEASES OF THE RESPIRATORY ORGANS.

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Under this heading will appear each month items bearing upon some special department of medicine; next month "Diseases of the Nervous System."

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DROSERA IN WHOOPING COUGH. — Drosera is indicated in cases where catarrhal symptoms predominate. The child vomits strings of mucus and the paroxysms of cough are violent and frequent. This remedy is never indicated until the disease is well defined and the diagnosis is unquestionable. I only use it when belladonna and hyoscyamus have been used without results or the results are required. — Dr. R. N. Tooker in *North American Journal of Homœopathy*.

NEW CURES FOR CONSUMPTION. — It is reported from Crakow that a gas has been discovered which is inimical to the tubercle bacilli.

In London, in a consumption hospital, Tesla's high frequency currents and the intravenous injection of a bacillicide is being used with encouraging results. Dr. Bokenham, a London surgeon, has obtained striking results. While the patient is in a recumbent position a current at a pressure of 80,000 volts is applied to the chest for a few minutes by means of a brush held a few inches from the skin. — *The Medicus*.

ANTITOXIN IN DIPHTHERIA. — There are at present few specifics in therapeutics, and the antitoxin of diphtheria must be considered one of the most important and most reliable of these. To be most effective it should be employed early and in sufficient dosage. No seriously unpleasant secondary results need be feared from such a course, and if these injunctions be observed we may hope that the mortality from diphtheria, which already has been reduced to half of what it formerly was prior to the introduction and general employment of the antitoxin, will be still further reduced. — *Journal of the American Medical Association*.

COLDS AND THEIR INITIAL TREATMENT. — Exposure is less responsible for colds than inactivity of excretory organs, the mucous membranes of the head discharging the impurities of the system, instead of the proper eliminating organs. Lowered nervous tone weakens vital resistance to morbid changes. Highly seasoned foods and frequent eating occasions congestion of the mucous membranes. A starving man cannot take cold.

As a form of radical treatment, the Turkish bath is a *sine qua non*. The avoidance of alcoholic stimulants, greatly diminished diet, quantities of water internally, with thorough evacuation of the bowels will serve to break up most colds. Quinine should be avoided. — *Medical Review of Reviews*.

MASSAGE IN TUBERCULOSIS — The skin, which is developed with the nervous system from the epiblast in the embryo, has been aptly described as the terminal expansion of the nervous system. The value of massage in tuberculosis has been attributed to the excitation of a trophic action of the nervous system. At any rate, clinical experience has demonstrated the value of daily massage, which may be employed in conjunction with the cold douche, especially in early cases of tuberculosis in the absence of fever. Massage improves the circulation and thereby favors the nutrition of the tissues; and the cold douche stimulates respiration and all the organs of the body. — *Virginia Medical Semi-Monthly*.

GELSEMIUM IN INFLUENZA — Gelsemium seems to be indicated especially in influenza of a neuralgic type; the catarrhal symptoms are little pronounced, but there exists, at the same time as high fever with prostration, a weakness in the limbs and a dull pain in the occiput extending as far as orbits.

It is indicated also when these neuralgic pains persist after the catarrhal symptoms are amended under the influence of proper remedies.

I have seen cures made in a few hours by this remedy, when all the anti-neuralgic remedies of the old school had

failed miserably. The 3d dilution has given me the best results; the 6th suffices sometimes with very nervous patients. — *American Medical Monthly*.

CLIMATIC TREATMENT OF TUBERCULOSIS — To summarize. Climatic treatment is the most important of all remedial measures. Properly selected climates cause many arrests and a considerable percentage of cures. Early diagnosis is essential. Cavity cases are seldom benefited by climatic change, and they should not be sent to high altitude. A rapid, weak heart, erethism and neurasthenia are contraindications for high altitudes. Profuse secretion is a contraindication for humid climates. Climate with high winds are to be avoided. The temperature should be selected in which the patient is most comfortable. The indigent, the rebellious, the nostalgic should not be sent away for climatic treatment. In all cases open air life and competent medical supervision at the place to which the person goes are essential — *Therapeutic Monthly*.

PERITONSILLAR SUPPURATION.— Before opening the abscess, the throat and mouth should, as far as possible, be cleansed with some mild antiseptic solution. A very efficient cleansing solution is an equal part of peroxide of hydrogen and witch hazel. It is hardly necessary to say that any instrument used should be previously sterilized to prevent mixed infection.

To secure local anæsthesia, equal parts of carbolic acid, menthol and cocaine, to which have been added a few drops of alcohol to make a complete solution, may be applied along the line of intended incision.

As a prevention of the recurrence of peritonsillar inflammation, the radical extirpation of the tonsil should be made, or the band of adhesion between the tonsil and mucous membrane broken up. Often it may be necessary to remove only the upper half of the tonsil to secure perfect drainage. — *Medical and Surgical Monitor*.

TO LESSEN CONSUMPTION. — Dr. S. G. Bonney suggests: (1) Compulsory notification and registration of all cases of pulmonary tuberculosis. (2) The education of the consumptive himself to secure his co-operation in sanitary precautions and his submission to conservative control. (3) Special detention-institutions for the ignorant or vicious who refuse to conform to established rules. (4) State sanatoria for the poor. (5) Segregation-hospitals for the hopelessly ill. (6) No interference with personal rights, unless rendered necessary by repeated infraction of prescribed regulations. (7) Periodical disinfection of apartments. (8) Prohibition of expectoration in any way not in accordance with the directions of the board of health. (9) Separate and distinct methods of instruction directed to the general public, all official information being essentially of a reassuring nature, though not minimizing the possible dangers resulting from the presence of the careless consumptive. (10) Government and municipal control of public buildings. — *Medical Record*.

TO PREVENT "TAKING COLD." — First. the skin must be made alive, vigorous, repellant, filled with warm arterial blood. Groom it with a flesh brush every morning, and again at night; following with a cool sponge bath in the morning, and a warm soap bath at night. Change the under-clothing at least every other day.

At first the skin will scarcely tolerate the brush, but go slow and persevere. After a while the touch of the brush will be welcome. Drink a pint of pure, soft water before breakfast, and again at bed-time. Gradually double the amount. Never eat between meals, nor use rich, indigestible foods. When you have indigestion, omit the next meal, and drink water instead. Take a brisk walk every day, rain or shine, inhaling deeply from time to time. Have a regular bed-time, and never go short on sleep. Never take alcoholic drinks, either to prevent or cure a cold, or as an appetizer, or for any other purpose. — *The Medical Brief*.

VASOMOTOR RHINITIS. — Vasomotor rhinitis is frequently most troublesome in the winter season, and is accompanied by an obstinate cough. If the case progresses, the cough is followed by an attack of difficult breathing, and it is often said that the catarrh has brought on asthma. Occasionally neurosal cases are seen where violent attacks of sneezing occur, frequently without regard to season. Although cough or asthmatic symptoms may be absent, the paroxysms of sneezing may be so frequent and violent as to be more or less exhausting and produce constitutional depression. It is, of course, very important, in all these neurosal cases to exclude all reflex causes. Not only should the nasal cavity be explored, but the eyes should be examined, as eye strain may be the cause of motor disturbances along the respiratory tract. In the concluding paragraphs of this paper, I wish to emphasize the fact that neurosal affections of the upper air passages require a constitutional treatment that will eradicate the cause in order to cure the disease. Never be satisfied with the use of relief measures alone. — *Dr. F. M. Hayes, in the Medical Record.*

PNEUMONIA IN CHILDHOOD. — During the first two years of life, pneumonia is usually of the type known as broncho-pneumonia, but lobar-pneumonia may occur even in the earliest months. After four years broncho-pneumonia is rare, the prevailing type being lobar-pneumonia. The terms lobar and lobular-pneumonia may be misleading if they are understood to denote simply the extent of lung involved.

It is always important to determine the type which is present, for in young children it is this upon which the diagnosis largely depends. Lobar pneumonia under five years is not usually fatal. It runs a definite course and, as a rule, results in complete recovery. Broncho-pneumonia, on the other hand, is frequently fatal. It runs a more prolonged and indefinite course and frequently terminates in incomplete recovery. Signs of consolidation may often be detected for weeks or even months after the symptoms have subsided. It is always serious and frequently fatal.

COLLEGE, HOSPITAL AND LABORATORY NOTES.

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By the bequest of the late L. G. Burnham, a trustee of the Boston City Hospital, that institution will receive \$150,000 for the building of a ward to be named after the donor.

PLANS for a new hospital for sick deaf mutes, have been filed with the Building Bureau of New York City. The hospital will have three stories, be built of brick and steel, and cost \$100,000.

IN the future no one but a graduate of a regular school of medicine will be allowed to take any of the postgraduate courses to be given by the University of Pennsylvania Medical School.

THE Lowell (Mass.) General Hospital and the Corporation Hospital of that city will soon be merged into one institution, with an endowment fund of \$100,000. The gift has been promised by an unknown benefactor on condition that the merger of the two institutions be effected, and at a recent meeting of the trustees of each institution the offer was accepted.

THE new Brookline (Mass.) Contagious Hospital, or hospital for the reception of patients with contagious diseases, has been formally opened. Outside of the land and general equipment the new hospital has cost the town about \$90,000, but it consists of four fine buildings adapted in every way to the work which will be carried on, and at least fifty patients can be accommodated.

AMONG the recommendations made by Surgeon-General Rixey in his annual report is one that at least two permanent hospital ships, one for the Atlantic and one for the Pacific, should be constructed.

Other recommendations in the report look to the creation of a sanitarium for the navy, for the treatment of tuberculosis, like that established by the army at Fort Bayard, N. M., for the improvement of the sick quarters aboard ship, and for representation of the medical corps in the naval boards which design the ships, in order that sanitary conditions may be improved.

## PERSONAL AND GENERAL ITEMS.

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A COPY of the NEW ENGLAND MEDICAL GAZETTE for October, 1893, is wanted at Boston University Medical Library. Will some physician kindly fill this need if possible?

DR. ALFRED E. P. ROCKWELL, who is located in Worcester, Mass., announces office hours from 2 to 4 and at 7 P. M., and may be reached by telephone either at his office, 248 Main Street or at his residence, Standish Apartments, 771 Main Street.

THE municipal assembly, of St. Paul, Missouri, has passed an ordinance requiring all persons who desire to distribute samples of medicine to appear before the council and obtain a permit and furnish a sample to the health department for examination as to its character.

ACCORDING to the recently issued medical directory of the County Medical Association, there are 5,444 physicians in New York City. In the State outside of New York City there are 5,162 physicians, giving a total of 10,606 for the entire State. The New Jersey list contains 1,655 names and the Connecticut list 1,103.

THE Mass. Surgical and Gynecological Society will hold its annual meeting on December 10. The following papers by well known writers are to be presented: Treatment of leucorrhœa in young girls under twenty; The relation of uterine disease to mammary neoplasm; The relation of uterine disease to pharyngeal affections; The early diagnosis of uterine cancer; Gonorrhœa in women; Resumé of year's progress.

COMMISSIONER LEDERLEE, of the health department, reported, October 15, to the board of estimate, of New York City, that he had examined, with the aid of two eye experts, thousands of school children in the city and found 18 per cent. of them afflicted with trachoma, a contagious disease of

the eyelids, "We think the disease was introduced by immigrants," said the commissioner. It is estimated that there are 600,000 children of school age in the city and that 100,000 are afflicted with the disease.

THE first annual report of Surgeon-General Rixey on the health of the navy and Marine Corps shows the sick and death rate lower than for several years.

The most important recommendation of the report, perhaps, is that Congress provide for the establishment of a woman's nurse corps for the navy. The surgeon general also makes a strong plea for the appointment of dentists for the navy.

An earnest statement is made by Admiral Rixey of the present entirely inadequate medical force under his command. He submits a recommendation for the appointment of 150 more medical officers, and further recommends that after each cruise surgeons should be given a period of duty either at home or abroad in some of the great medical centres, where they would have opportunities to get in step with the march of professional progress.

DR. N. EMMONS PAINE, of West Newton, announces the readiness of his fine new brick building for the reception of neurasthenic and nervous (not insane) patients. The new home, for it is more home than stereotyped sanitarium, is fire proof and furnished within in the most artistic and pleasing manner; has softly tinted walls, mahogany furniture, Oriental rugs, and every comfort imaginable. It is heated by water. All kinds of baths, massage and electric treatment, together with skilled nursing are given at the Newton Sanatorium, and all forms of out-door exercise as indicated.

FOR SALE. An established Boston suburban practice of \$3,000 in growing town of 6,000. Ill health and removal only causes of selling. Full introduction given. Immediate sale desired.

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# THE NEW ENGLAND MEDICAL GAZETTE

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## ORIGINAL COMMUNICATIONS.

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### THE POSSIBLE INFLUENCE OF MANUAL EDUCATION UPON THE DEVELOPMENT OF THE SPEECH CENTRES. ILLUSTRATIVE CASE.

FRANK C. RICHARDSON, M. D., BOSTON, MASS.

[Read before the Massachusetts Homœopathic Medical Society.]

As is well known the faculty of speech is maintained by the left hemisphere of the brain in right-handed people and by the right hemisphere in those who are left-handed. Notwithstanding the occasional feeble evidence to the contrary this would seem to be one of the indisputable facts of physiology.

Not a little has been written upon the determining causes of the predominance of right-handedness, but it still remains a biological problem. The genetic relationship and interdependence of dextrality and the unilateral speech representation has been recognized and vaguely commented upon. Various theories have been advanced in explanation, most of them fanciful and none satisfactory, so that the accepted idea at present is that dextrality and the location of the speech centres are inherited characteristics. Collins ("Faculty of Speech," p. 96, *et seq.*) states, "I write with my right

hand, with it I throw, I use a knife to whittle; in fact, every ordinary act calling for dexterity is performed with the right hand, yet I am left-handed in the sense of the term that originally the organism was intended to be served particularly by that hand, and were it not for the care taken in the nursery the left hand would be the dextrous member to-day; *and no one, I think, would deny, that if such a person were to have a lesion on the right side of his brain involving the areas to which are allocated the functions of speech, he would have with it aphasia.*"

A case which has been under my observation during the past year would seem to cast doubt upon the correctness of the above conclusion, and has emboldened me, after considerable study of the subject, to present views directly opposed to the theory of inherent allocation of speech centres, and to suggest a possible intimate relationship between the development of the faculty of speech and of the finer hand movements, basing my opinion upon certain known anatomical and physiological facts, and offering the case referred to as corroborative evidence.

Histological research furnishes abundant evidence of the immaturity of the higher cerebral centres at birth. It is an accepted fact that a nerve becomes functionally mature when it acquires its fatty sheath, or becomes medullated. Knowledge of the significance of medullation has been a most potent factor in determining the time at which the various parts of the nervous system develop.

The extensive researches of Flechsig in this direction developed the fact that while the spinal cord of the human infant is, with the exception of the pyramidal tracts, completely medullated at birth, medullation has not taken place as yet in the cerebral hemispheres save very imperfectly in the internal and external capsules, and in the lenticular nucleus. The new-born infant has, therefore, been likened to the dog whose cerebral hemispheres had been extirpated; reaction to external excitations of pressure, light, sound, etc.,

were possible, but he was utterly incapable of originating movements or of profiting by memory.

While it is commonly stated that the process of division by which new cells are created ceases in the embryonic period by the fifth month of fetal life, it is undoubtedly true that nervous matter at any age shows what seems to be stages in growth of cell body, and along with the developed cells are to be found small cells which neurologists have generally considered an undeveloped form awaiting structure or function, education or impulse, or whatever else the inciting cause may be, to call them into active service. There is much indirect evidence for the conclusion that the growth energy which in early embryonic life is employed in cell division, passes when this process ceases into the work of forming the finer cell processes and collaterals which go to form the so-called associate fibres connecting different parts of the cortex, one with the other, and that this growth continues operative until senescence sets in.

In 1892, Dr. Oscar Vulpius, of Heidelberg, made a thorough and careful study of these "tangential fibres" from twenty-two brains distributed in age from the thirty-second fetal week to the 79th year. The more important conclusions reached by Dr. Vulpius are that the tangential fibres begin about the fifth month, that their growth does not cease in childhood, and that as late as the seventeenth year the increase in tangential fibres is marked; furthermore, that in the speech centres there is a gradual increase until the thirty-third year at least. ("Archives of Psychiatry and Nervous Diseases," Vol. XXIII, 1892.)

Koes, 1893, by a comparative study somewhat similar to that of Vulpius, shows so conclusively that the development of fibres in the cortex is a process still in active progress as late as the thirty-ninth year, that Edinger, who in earlier editions of his "Central Nervous System" denied the demonstration of this, admits in his later editions (1896 and 1899) that the principle has been established. This evi-

dence would seem to not only refute the idea that the higher sensory centres are already developed at birth, but would seem to be sufficient to establish the fact that the finer nervous structures continue to grow until a late period of life.

A further fact of equal importance has been demonstrated; namely, that there is some definite order in the progressive development of these finer nervous structures. In a monograph published in 1896 Flechsig gives the results of his attempt by the same neurological method to trace the order of development of the various bundles of fibres in the brain proper. Of the many interesting facts demonstrated by this research those most significant in the present study are, first, that Broca's speech convolution begins development at a much later period than other parts of the great areas concerned in general bodily movements, and second, that the order of the development of fibres is regulated by the principle that those which perform the most fundamental and the most general functions mature earliest, those having the most specialized functions mature latest.

Ross, in his "Diseases of the Nervous System" says: "The portions of the nervous system which man possesses in common with the lower animals and which are developed in the human embryo at nine months, I shall call the *fundamental* part, and the portions which have been superadded in the course of evolution, which differentiate the nervous system of man from that of the highest of the lower animals, I shall call the accessory part of the nervous system."

Dr. Ross points out that the main movements which distinguish man from the lower animals are those which he has acquired since he has adopted the erect posture — the varied movements of the hand in prehension, and tool using, which developed after the hand ceased to be merely a foot: the movements of articulatory organs concerned in speech, and movements of facial expression. Here again we may trace an intimate connection between these so-called "acces-

sory" movements of the hand and of the articulatory organs, and is it not fair to presume that because these accessory elements are alike comparatively new, present more instability and plasticity, that their education and development is coincident and in a measure interdependent?

The anatomical contiguity of the convolutions containing the higher cortical centres governing speech and hand movements, as well as the fact of their identical blood supply, would suggest an intimate physiological relationship. Through the persistent, painstaking experimentation and investigation of such men as Broca, Bastion, Lichtheim, Wernicke, Broust, and others, the principal centres in the production of speech have been as definitely located as the well known motor centres in the Rolandic area, and it has been accepted as a fact that a lesion at the foot of the third frontal convolution causes inability to articulate words; that a lesion of the superior temporal gyrus destroys the ability to understand spoken words, and a destruction of the inferior parietal gyrus causes inability to interpret words which can be seen. These centres essential to the production of perfect speech are situated in convolutions immediately adjacent to each other, and to the convolutions containing the motor centres, notably those at the foot of the Rolandic area containing centres governing the musculature of the head and upper extremities. These convolutions derive their blood supply and nutrition from the branches of one blood vessel, the middle cerebral or Sylvian artery, the direct continuation of the internal carotid artery.

It will thus be noted that the convolutions containing centres for speech and those containing centres for hand movements are in close anatomical relationship and dependent for their nutrition upon the same source. The speech area, or zone of language, as well as the motor area, is made up of neurons, some of which send their axones into the Rolandic regions of the brain, while others confine their distribution to the speech area itself. The zone of language has no pro-

jection fibres going directly into the motor projection tract. On the contrary, the zone of language sends impulses to the Rolandic cortex and to particular areas of this region, depending upon the manner in which the idea is to be externalized ; that is, whether by spoken or written word or symbol, or by some other form of action which the judgment of the individual decides to be most serviceable in conveying the thought. The functioning power of the speech centres is thus dependent upon the centres in the Rolandic area.

Another instance of the close relationship of the hand movements and speech mechanism is seen in the complexity and highly specialized character of their finer muscular acts. Progress in the evolution of hand movements is from extreme fewness in number to infinite variety, from simplicity to complexity, from clumsy inaccuracy to precision, from simultaneous associations to those which constitute long service in sequence, in short from the general to the specialized. Coincident with this marvellous development of accessory hand movements, and, as I believe, in no small degree dependent upon it, is the evolution of the speech mechanism from the muscular acts producing the reflex cry of the infant, the unmeaning sounds of parrot-like repetitions of the child to the marvellous precision, complexity, accurate co-ordination and successiveness involved in human speech.

The unconscious simultaneous action of speech centres and those for the arm and hand seen in many persons during earnest discourse would point to correlated function and contemporary education at least ; as would also the natural substitution of hand language for spoken words when attempting to communicate with some one who is beyond the reach of the voice.

All positive evidences from the sciences of anatomy and physiology, and pathological phenomena as well, go to support the evolutionary view of the nervous system of parts, correlated and closely associated, but nevertheless preserving a degree of relative independence.

The suggestions of this review may be summarized as follows :

At birth the higher cortical centres governing speech and accessory hand movements are undeveloped.

These centres grow in their finer structure until a late period of life.

That their developmental period is practically the same.

The chronological order of their development in relation to that of other brain centres is practically identical.

They subserve the same purpose, that of externalizing thought.

Their method of development is alike from general to specialized function.

The convolutions in which they are contained are in anatomical juxtaposition and derive their nutrition from the same blood supply.

From the evidence here presented I am led to conclude that dextrality and unilateral speech representation are not inherited characteristics, but are dependent upon the post natal development of the finer nervous structure constituting their governing centres, in response to educational stimuli affecting these centres synchronously ; and furthermore that the hand movements being more fundamental in character their evolutionary process slightly precedes that of the speech mechanism, and is a potent factor in determining the allocation of its centres.

As corroborative evidence in support of my contention I submit the following case, the essential facts of which are these :

Mrs. L., one of three children, her father and one sister were left-handed, a brother being right-handed. Since early childhood Mrs. L. has used the left hand in preference to the right, but from her fifth or sixth year her mother by persistent effort taught her to write and sew with the right hand, and she cannot now use the left one for these purposes, although for many other things such as cutting her

food, using the scissors, and throwing she uses the left hand.

She is therefore by inheritance and early example left-handed, and according to the accepted idea should have inherited also a right-sided speech representation which should persist in spite of acquired dextrality. When forty-five years old she developed a *right hemiplegia with sensory aphasia*, which latter condition persists after thirteen months, although the motor paralysis has greatly improved.

My interpretation of these facts is that, notwithstanding her inheritance of left-handedness, the process of educating the right hand in the closely allied accessory function of writing had simultaneously developed the speech centres in the left cerebral hemisphere.

The above hypothesis affords a reasonable explanation of the acknowledged value of manual training in the development of the faculty of speech in mentally deficient children.

It is also suggestive of an adjuvant measure in the treatment of aphasia, which I am at present employing and the value of which I hope to report upon at some future time.

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### EYE STRAIN FROM UNBALANCED MUSCLES.

BY DAVID W. WELLS, M. D., BOSTON, MASS.

Far sight, near sight, and astigmia are to-day so generally recognized as frequent causes of headache and other reflex disturbances, that a passing reference would seem to be sufficient. But I think few general practitioners realize the pronounced nervous disturbance that may arise from a lack of normal balance of the muscles which turn the eyes, even when all of the above refractive errors are absent. Normal co-ordination demands that the eyes shall so turn together that the lines of sight always meet at the object looked at. This is not a congenital faculty but a post-natal evolution, not usually reaching its full development till the fifth or sixth year.



Binocular vision enables us to see the object from two different points of view. By fusing the separate parts of these images from the foreground to the background we gain the most perfect comprehension of depth or perspective. Ideas of distance are based largely on the amount of turning in required for fusion.

Until one has carefully analyzed his sensations, it is hard for him to believe that objects within and beyond the distance at which the attention is fixed are really seen double, but such is the fact.

Thus our visual judgments are the result of a complex series of experiences, a combination of Optics and Psychology. A difference in the focal distance of the two eyes, or any obstacle to easy and natural turning of the eyes to the same spot, seriously interferes with the normal development of this function. As these conditions frequently exist, this faculty is developed more or less perfectly in a given case. Refractive conditions vary from childhood to youth, and from manhood to old age, and thus a re-adjustment of visual judgments is often called for.

The focussing of the eyes for distances nearer than twenty feet necessitates a corresponding turning in. This demands a finely developed co-ordination of these two functions. It is a disturbance of this balance which annoys one when he puts on his grandmother's glasses. If the person is "cross-eyed" binocular vision no longer exists. In favorable cases it can be re-established. Mr. Worth, of London, has devised a modified stereoscope which enables one to determine if a given case either of divergent or convergent squint is amenable to treatment. The objects must approach or recede with the change of the angle of the instrument, otherwise they are not seen simultaneously but in rapid succession. This latter is a central defect and is not susceptible to treatment.

By unbalanced muscles is meant cases where the eyes are always straight, but which tend to turn and are held in line by

the desire for fusion. The tendency may be inward, outward, upward or downward. There are also twisting tendencies. The symptoms to which this condition gives rise vary with the idiosyncrasy of the patient. The headache is frequently sub-occipital. Often it cannot be localized, and is described as a confused feeling, apt to be worse on waking in the morning. If the tendency of the eyes is inward headache is usually worse from theatre- or sight-seeing. If an outward tendency, worse from reading and close application.

There may be vertigo and nausea, restlessness, nervousness, inability to concentrate one's mind, in short a neurasthenic condition. These eyes are kept straight, as before stated, by the fusion faculty, and this control will be effected in direct proportion to its development. Therefore an intelligent diagnosis of these cases necessitates first of all a careful estimate of the grade of the binocular function. The defect may be exhibited only when small types are used, and as our reading is largely small type, this peculiarity must be borne in mind. It is not claimed that defective fusion power exists in every case of unbalanced muscles, but I have frequently discovered it in cases which I had, by ordinary methods, passed as normal.

If well developed the training is much easier. The most common of all the wrong tendencies is the outward.

The eyes may appear by superficial tests to be balanced, and a measurement of the strength of each muscle may be necessary to reveal the weakness. The continued near application which our civilized life demands is a sufficient reason for the preponderance of this particular defect.

The established treatment has been, 1st, the wearing of prismatic glasses, the base toward the weak muscle.

If the patient is confined to glasses on account of a refractive error this is often the easiest solution, especially if it be an up and down tendency.

2d. Partial or complete tenotomy of the strong muscle.

Partial operations are now advocated by few broad-minded, trustworthy authorities.

The complete section of an internal or external rectus is sometimes called for if the tendency is excessive. I reserve this as a last resort.

3d. Prismatic exercises, the lenses either loose or mounted in a spectacle frame. The prism is so placed as to incite the muscle to greater activity. I have tried this method thoroughly and obtained some very satisfactory results, but on the whole it is disappointing.

I do not believe in giving patients boxes of loose prisms to use at home. The exercises should be given by the oculist under the closest inspection. Very frequently the patient will think he has fused the prism when in reality one eye is out of line and its image suppressed.

The stereoscope had been frequently mentioned as a valuable means of correcting these conditions, but little was accomplished till Javal, of Paris, outlined a concise method of procedure, and devised a very comprehensive set of cards, both for diagnosis and treatment.

The ordinary Holmes stereoscope modified from the Brewster model consists of a pair of  $+ 5.00$  lenses combined with prisms of  $8^{\circ}$ . This enables the eye to fix a near point with the visual axes nearly parallel. The two eyes see separate pictures of the same object, similar to the retinal images, which fall upon centres of sight and a fused composite impression is projected in the median line. Good work both in diagnosis and treatment may be done with this instrument, but the Javal stereoscope introduces a principle which is the key to the whole situation. He uses a pair of  $+ 10.$  lenses mounted upon a sliding bar so that the distance between centres can be varied from 40 to 7 mm. The decentration of these lenses introduces a prismatic effect which the patient is made to overcome while looking at the fuse image.

Acting on this suggestion I have devised a stereoscopic attachmant of the phoro-optometer. This has the additional

advantage that it affords an opportunity to introduce any combination of lenses and prisms. Thus, the stereoscope is made to order to suit each case.

The attachment (Fig. 1) consists of an aluminum plate with clamps to hold ordinary stereoscopic pictures. Besides this, frames for holding separate pictures for the two eyes are threaded on to a right and left hand screw, so that the pictures may be made to approach or recede by turning the thumbscrew. These can also be raised and lowered to re-

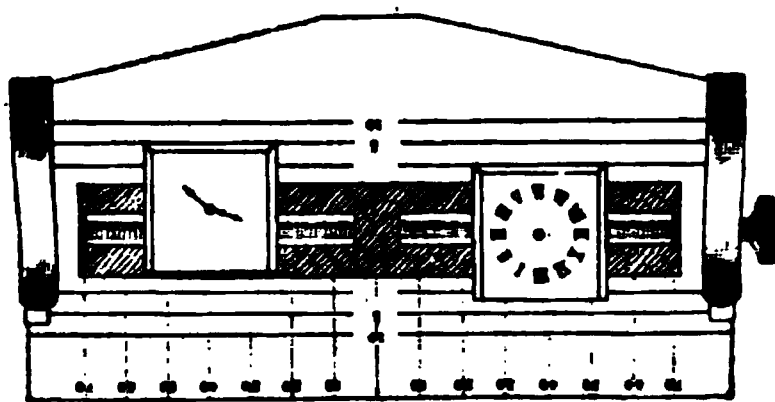


FIG. 1.

lieve an up and down tendency. The first indication is to secure fusion by any combinations of prisms which the wrong tendency necessitates. Seeing the hands properly placed on the clock dial proves fusion. Then if it is desired to increase the power of the inner muscles the pictures are approximated until the patient can no longer turn the eyes in sufficiently, and the hands fly off the clock. This same exercise may be secured by introducing more prismatic effect while the patient is fusing his double images.

In the loose prism method of treatment the patient's aversion to seeing double is relied upon to make him overcome the prism, but a fused stereoscopic image which becomes disjointed when fusion is lost offends his sense of propriety, and incites him to greater effort.

The psychic element is very important. Red letters have a very strong attraction, and the patient strongly resists any force which tends to disarrange the letters of a word.

Unfortunately many cases have not sufficient development of this fusion faculty to carry out these manœuvres. They more or less habitually suppress one image. This requires the use of grotesque pictures, Fig. 2, and fogging the seeing

FIG 2.

eye with stronger convex lenses until the unused eye is taught to perceive. There are published some very good sets of cards for this purpose, and I frequently direct the patient to use these at home with the ordinary stereoscope.

With the usual stereoscopic photographs it is impossible to know if both eyes be used. To secure this result I frequently marked two dots on one picture : and one on the other . so placed that three dots are seen in line ; on the fused picture. Patients are given these as a home exercise after they can easily combine the special diagrams.

The rapid development of adduction which is so often ob-

tained by our so-called "gymnastics" strongly suggests that the gain is not a muscle hypertrophy but an increase in innervation, either in the responsiveness of the end organ in the muscle or the convergence centre, or both. In the educational treatment of *tabes* the patient is taught to gauge his motor impulses by the eye, in lieu of the normal sensory control. Repeated artificial contractions of the internal recti, the ciliary remaining relaxed, establishes a *habit* of increased action, so that they no longer lag when the impulse to converge and accommodate is felt. The co-ordinating centre also may be taught to better appreciate the advantage of binocular perspective. This is no special pleading but is analogous to other sensations.

The pianist makes his fingers educate his brain, that the brain may do better work with the fingers. Tasks consciously performed are in time relegated to sub-conscious control. If this interpretation of muscle development be accepted, it is evident that the first indication is to teach the patient the fascination of true binocular fusion.

I cannot help feeling that the stereoscope which used to be always in every well regulated family, helped to teach binocular fusion. I strongly advocate its readoption. If, with it there could be a set of Dählfeld pictures I believe children would find great delight in it, and that fewer would grow up with a poorly developed fusion faculty.

May we not have here one cause of the increasing number of cases of eye strain?

Naturally muscle errors are complicated with refractive error. The classical rule has been to correct the refractive error with glasses, and ignore the muscle error if there followed a relief of symptoms. During the last year I have had the temerity to reverse this in a number of cases where vision was normal, viz: to restore the muscle balance and ignore the refractive error. It is certainly refreshing to be able to *cure* some cases of eye strain without consigning the patient to glasses. I use the word *cure* advisedly, for sub-

sequent examinations after a lapse of six months show but slight if any reduction in a muscle power built on the natural foundation of a well developed binocular faculty.

Since January 1, 1902, forty-seven new cases of insufficiency of convergence have been treated by the stereoscopic method. Of this number eight either stopped coming or are now under treatment. This leaves thirty-nine suitable to report upon. In twenty-four of these adduction was increased to over  $40^{\circ}$  (some as high as  $90^{\circ}$ ) and complete relief of symptoms followed. Six cases made just as good progress in training, but symptoms persisted. Six cases attained  $20^{\circ}$ - $30^{\circ}$  adduction, with partial relief of symptoms. In three I was unable to get any muscle improvement worth mentioning. Of three failures recorded one gave a history of diphtheria one and half years previous, since which she had never been strong. One had such weak external muscles that it seemed wise to desist, and one is wearing with comfort prisms for near use.

Of the six in whom a high degree of convergence was attained but no relief of symptoms, three are neurasthenic, one, in the words of her physician, is in a "state of general physical debility." One is cured by a change of residence to California, and one is, I think, hysterical; knew that nothing could cure her, the complaint now being a "quivering of the atmosphere."

The three neurasthenic cases had periods of relief and relapse. I endeavored to guard against overtaxing them, and invariably stopped the treatment short of fatigue. In all of these failures the accommodation was relaxed with scopolamine or atropine, and glasses correcting the refractive error were worn constantly.

It is difficult to decide in a case of neurasthenia whether the insufficiency should be regarded as a *result* or a *cause*. And if a *cause* (or one of the causes) careful experimenting seems to be the only way to determine if the training will be

beneficial. The average number of treatments given to the successful cases was eleven.

As a rule younger patients gain more rapidly, but the results with people forty to fifty years old have been very satisfactory. Sixty years of age does not contra-indicate the treatment if general health is good.

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**EARTH BURIAL VERSUS CREMATION.** — Physicians, as a rule, know something about what a corpse comes to after interment; they know the disgusting condition of the coffin, with its mass of liquid corruption; they have seen the moles, the worms, the rats, and other vermin which prey on the on the bodies in almost all ground which is employed to cover up the dead. . . . The decomposition of a dead involves the dissemination of about five thousand cubic feet of gases, varied in character, but all of them poisonous to the living. The evolution of these gases involves the primary process of liquid decomposition, with all its horribly offensive phenomena, as referred to above. In the ordinary construction of a coffin or casket the products of decay are absorbed by the surrounding earth more or less, according to its character. . . . The fact that the soil is poisoned through the decomposition of animal remains is proved by the instances where the germ of anthrax killed cattle which fed on the grass above graves, and this fact has been repeatedly noted.

Many other diseases render the earth surrounding coffins dangerous to the locality, such as smallpox, diphtheria, and epidemic cerebro-spinal meningitis. These diseases add their special germs to the ordinary poisons of putrefaction. . . . Incineration is a sensible and sanitary observance; with it there is no horrifying putrefaction; the body is reduced to ashes in a few hours and the process cannot injure anyone. Cremation is rapid and sanitary; earth burial is slow in controlling involution, unsanitary, and horrible. Cremation returns the elements to their evolution beneficently, but earth interment is prejudicial in its resolution of the body to its ultimate dissolution. — *The Medical Bulletin.*



## EDITORIALLY SPEAKING.

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Contributions of original articles, correspondence, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass. Articles accepted with the understanding that they appear only in the *Gazette*. They should be *typewritten if possible*. To obtain insertion the following month reports of societies and personal items *must be received by the 10th of the month preceding*.

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## HEARD "EN ROUTE."

They were all "fair, fat and forty" or more; they looked well fed, well clothed and well-to-do, though they had not that "repose which stamps the cast of Vere de Vere." They were good, sensible looking women, much the type you would see in evidence at a woman's club or a church convention.

Their conversation was most entirely in a tone that would have been suitable to either of the above mentioned functions, for it was distinctly audible throughout the greater part of the car. "I *do* like Dr. ———," said the stout blond, "because he is so careful, and he don't believe in so much cutting up as some of those doctors." "Oh, by the way," said her neighbor, "do you know how Mr. X. is now?" "Well I don't know, but I guess he is better, because I see him down town every day; you know he went down to the city and was examined by some of those big surgeons, and they told him he had to have his back cut open and a stone taken out from somewhere, and so he came back and told Dr. ———, and the doctor said, 'I guess they won't do it, I will just give you something to dissolve that stone,' and I have not heard that he has had any more trouble."

"Do you know anything about Mr Y. since he got back?" asked the third member of the party. "Well I understand," said the spokeswoman, "he is getting better, Dr. ——— said that his going out there to those springs and drinking those waters was the worst possible thing he could have done, it weakened him so much; but that he was going to.

give him a good strong tonic and I guess he is getting better."

This is the sort of thing that the profession, to use an expressive popular slang phrase, "is up against" to-day. It is enough to make the honest, earnest, hard-working, conscientious physician discouraged, and reasonably so. Yet the trouble is not with the good people who talk as above but with the Dr. Blanks, who endeavor to bolster up their mediocrity by adverse criticism of their professional brother; they lack absolutely that "esprit du corps" which is the essential of every profession as distinguished from a trade and which should make him ashamed to speak at all of an honest competitor, if he can say nothing good. It is this sort of Chauvinism that is very largely the cause of the way the profession as a whole is looked upon by the public. Generally we command the respect of the great public, but at best only a half-hearted confidence is evinced by their ever readiness to fly after the last new fad in treatment, especially if it be tinged with mysticism and the occult, and too often are we the target for the pen of the caricaturist and the biting shaft of the satirist. Where is the difficulty? Partly individual temperament, partly a rapidly increasing competition, but more than either, we think, is the lack of a catholicism which views men and things from a broad outlook and with a liberal spirit. It is because the student of to-day confines himself too strictly within purely professional lines and unless, previous to his entering on his professional training he has been liberally educated, which is too seldom the case, he too often comes into the profession a one-sided man or woman, who knows something of medicine and surgery, but nothing else. For this reason alone, we regret to see the merging of the liberal arts course into the professional, whereby the student gains a year in time, saves a little money, but may, nevertheless, be something less of a man or woman for the rest of life.

## SOCIETY. REPORTS.

## BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

## BUSINESS SESSION.

The regular meeting of the Society was held at the Boston University School of Medicine, East Concord Street, Tuesday evening, Nov. 6, 1902, at eight o'clock, the President, Frank E. Allard, M. D., in the chair.

Owing to the lateness of the hour it was voted to omit the reading of the records of the last meeting.

## SCIENTIFIC SESSION.

Dr. W. H. Watters illustrated a new method of cutting sections for rapid diagnosis during operation, and said:

"Within the last few years several methods of freezing the tissues for immediate examination have been introduced. The first depended upon the evaporation of atomized ether, and required three to five minutes for freezing. Later, carbon dioxide was introduced; this required a large, cumbersome tank and was not fitted for transportation from room to room or hospital to hospital. To obviate this difficulty we now use in the Massachusetts Homœopathic Hospital chloride of ethyl to freeze the tissues. By this means we have an apparatus compact, easily transported and capable of cutting very satisfactory sections. We have, during the progress of operations, frozen, cut, stained, and given diagnosis of tumors, etc., in less than four minutes."

## SECTION OF MATERIA MEDICA.

*N. M. Wood, M. D., Chairman; Lillian B. Neale, M. D., Secretary; F. A. Hodgdon, M. D., Treasurer.*

## PROGRAMME.

1. "Medical Treatment of Gallstones." Kate G. Mudge, M. D. Discussion by Martha E. Mann, M. D.
2. "Drugs and Physical Signs." Percy G. Browne, M. D.

3. "Application of Materia Medica." William P. Defriez, M. D. Discussion by William P. Wesselhoeft, M. D.

4. "Uses of Iron in Disease." Duncan MacDougall, M. D. Discussion by Frederick P. Batchelder, M. D.

In the absence of Drs. Mudge and Browne, and as Dr. MacDougall wished to leave early, the latter's paper was the first one presented.

#### DISCUSSION.

Dr. Batchelder: Although I have not had the privilege of looking over the paper to gather up the points, I am sure Dr. MacDougall has spoken to us with "no uncertain sound."

I have had only a limited experience in this class of cases, but recall with much pleasure the effects from this remedy. I have seen patients which no remedy seemed to help. Some patients, we know, belong to that class known as the "born tired," and seem to lack backbone; others will respond to what we call the indicated remedy or dietetic measures, others will get well any way after a reasonable time. There is little I can add at this time, but I wish to mention one or two things. We are all familiar with the form of iron used by so-called old school physicians in times past, but to-day most physicians of that class are not using it in that particular form. As we walk through the streets of the city we see the notice in the stores, "Blaud's pills, 15c. per hundred, good for anemia."

Some of us are working along the lines of the normal body. Let me remind you of the old adage that "you can lead a horse to water but you can not make him drink." The amount of iron in the blood stream and in the entire body is very limited, but a very wee fraction of one per cent. The amount of iron absorbed in a severe case of anemia is probably much less than one-half the normal total amount in the body. If we stop a minute and remember patients who come to us who have been using a large amount of iron, we recall the characteristic action upon the stools and the formation of the sulphide of iron. The intestines

absorb a very limited amount of iron. Inorganic forms of iron are less frequently used now, and instead those forms which are more readily absorbed, such as peptonate of iron. An interesting question, and one which throws a good deal of light on the subject, is, whether iron in the inorganic form is absorbed by the intestinal tract to any extent. The principal part of what is absorbed by the intestines has been found to be organic iron. We know also that the conditions of absorption, as Dr. MacDougall has referred to, differ in different individuals. The birthplace of the red disks is in certain definite places in the body and the history of those red disks is a most important one, whether in a condition of disease or health. In cases of pernicious anemia we know full well there is something wrong in the body other than the lack of iron. I can not but recall an experience which befell a patient under my observation for a short time and then referred to the next physicians in the hospital service. It was a case of pernicious anemia. The remedy, picric acid 3x, was the only one of importance taken for months, and the actual red count came up very near to normal. In pernicious anemia iron is of little or no value. Arsenicum in some form has been used with advantage in numerous cases of this latter disease.

Dr. Conrad Wesselhoeft: I have listened to Dr. MacDougall's paper, and I am perfectly astonished that he has missed a point there. It seems to me that if there is a homœopathic indication for iron it is for a certain form of anemia. The cures that he has performed with iron are first rate homœopathic cures, done by the selection of the right remedy, especially in the form which he has mentioned for cases where a florid condition of the face is a characteristic. I do not know why he refuses to call iron a homœopathic remedy. We are looking for good homœopathic remedies and this is one of them. Now, I do not see why iron is not a good homœopathic remedy, and if I were looking for symptoms for iron I should take anemia as one of them, the form of anemia which he has very well described. I hope he did not

intend to give the opinion that iron is not a very good homœopathic remedy.

Dr. Windsor: I will only say that it seems to me there is no use of putting iron into the human frame by the pound, when the normal amount is so small. It seems like an excess of the raw material.

Dr. Powers: This therapy of iron is a work in which I have had, practically, a limited experience, and have used it as I have other drugs successfully and in the cases where I am inclined to think of it. These cases which come to me quite frequently are usually surgical cases, where there is pain, discomfort, and rheumatic weakness, not a true rheumatism, but a chronic condition in the muscles after injury, and for these conditions I have used iron successfully. I have never found that iron was the only panacea, and as a matter of fact I use it, perhaps, once in twenty or forty times. It is not surgically a favorite remedy of mine, and in anemia I more frequently use arsenicum. I think we are in danger of drifting away from the true principle and prescribe for conditions instead of the patient.

Dr. MacDougall: In relation to the point that my old teacher has made, I am sure that I merely pointed out the flushing of the face as being present in some cases to show that pallor does not necessarily exist in cases of anemia, but the great majority of my cases presented pallor, and a complete absence of these symptoms ascribed to provings of iron.

In relation to what Dr. Windsor said about putting so much iron into the system beyond the amount that is present, I will simply say that we are forced to our conclusions by the logic of our experience, theorize as we may. I went out from here believing that I must find the similia. I may fulfill the conditions: I find a single symptom, then others, and while trying for similia physiological doses of iron would give the desired result, if anemia were the cause.

In relation to what Dr. Powers has said, that we are trying to prescribe for the patient and not conditions. In general

practice he may find he has a patient who cannot go to a sanatorium, the patient cannot take a rest, no matter how needful; he may be the father of a family, or some one that is necessary for the support of the family and must continue in bad hygienic conditions. In these cases we are compelled to fell back upon what we can do. I find that iron does meet the requirements in very many cases. Treating the patient as a whole is a very wide matter, and seldom practicable in my experience.

In discussing Dr. Defriez's paper Dr. William P. Wesselhoeft said:

The very able paper that we have just heard, is a most gratifying and encouraging evidence that not all the younger disciples of the *healing art* have abandoned the cardinal teachings of Hahnemann. Lost in the maze of pathology and morbid anatomy, many of us have confounded pathological tissue changes with *the disease*, instead of more carefully investigating the symptoms and conditions which lead up to these tissue changes.

A most important point upon which our essayist has dwelt is the statement that we homœopathists are not called upon to treat diseases, but to treat the individual man, woman, child (or animal) by probing and prodding the patient, and investigating until we discover characteristic symptoms of the disease, and these are to serve as the key notes for the diagnosis of the remedy. Hahnemann once said, when asked what remedy he used in pneumonia, "I have nothing to do with names of diseases, but I have much to do with diseased persons."

In homœopathy there can be no such thing as a remedy for a disease. Any remedy in the *materia medica* may be the homœopathic simile or similimum to a case, no matter what the pathological diagnosis may be. Every new case should be approached as if we had never seen a similar one before. Nature in her endless reproductions never produces two things alike. No two human beings express themselves alike in health, any more than they do when their vital

energy is in discordance. The physical diagnosis is of importance, chiefly for the prognosis and hygiene, but with this alone we cannot cure. The selection of the remedy homœopathic to the case, *i.e.* the diagnosis of the remedy, unhampered by the *name* we have given the *disease*, is the true and only method of securing the curative agent.

A remedy should never be selected according to loose generalizations which are considered by many more scientific. No pathological stilts should be used in our search for the remedy. We should be governed by the symptoms observed by the provers on the one hand, and on the other, those observed in the sick. Let me elucidate this by an experience of which I am still somewhat ashamed.

Many years ago, called in consultation to a case of typhoid by a colleague whom I highly respected for his industry and sagacity in the selection of remedies, I sat by the bedside of a moribund patient. He was in the middle of the third week of his illness, which took on the gravest symptoms in the beginning of the second week. The collapse was plainly visible in his face, sunken eyes, livid skin, profuse cold perspiration, spasms and rigors, no response, strabismus with injected sclerotic, irregular respiration, pulse uncountable, inability to swallow, every now and then a faint shriek with the spasms. Everything pointed to an impending cerebral paralysis, which in my judgment was not far off. I told my colleague frankly that my presence might be a comfort to the family, but I certainly could not help him in the restoration of a moribund patient. Nevertheless I suggested hellebor as a trial. Four or five days later, to my astonishment, I was asked to see the patient again, and there I found him lying quietly, perfectly relaxed in bed, while the nurse was giving him milk by teaspoonfuls. It seemed to me like a resurrection, and I wondered and marvelled at the effect of the hellebor. My colleague, after paying me a few compliments on my sagacity, which I absorbed like a sponge, very frankly told me he had not given hellebor, as he thought it not sufficiently indicated after studying it. Instead, he went back to



his patient with a bagful of repertories and materia medica, and continued observing his patient. He now found the following *characteristic* symptoms: Spasms always commence in the face first, then spread all over the body, and end in the fingers, which are stretched out and spread wide asunder. After a diligent search he found this group of symptoms under *secale*.

1. Spasms commence in face and spread over body.
2. Fingers spread apart in spasm.
3. Profuse, cold, clammy sweat, pale, sunken hippocratic face.

Here was a group of symptoms, a tripod, to stand upon. If every man was grasped from the jaws of death, *secale* and nothing else was this man's savior, but the selection was the work of an artist.

The examination of a case according to the rules laid down by Hahnemann in the *Organon*, is the first prerequisite to a truly homœopathic prescription. He devotes sixteen paragraphs to this subject, going into the minutest details and repeatedly charging the examiner to write down the symptoms, and not trust to his memory to recall them. When such a true picture of the case is once recorded, the chief part of the work is done. It then only requires to pick out and underscore those symptoms which are individual and peculiar to the case.

Single symptoms are of little value. Groups of symptoms of great value, especially those which can be characterized as appearing at certain times of the day or night, which we may call the *When*.

The locality and direction which we may call the *Where*.

The conditions and modalities which aggravate or ameliorate, which we may call the *How*.

Now in studying the materia medica just these points should be constantly kept in mind: *when, where* and *how*; or, time, locality, and conditions or *modalities*.

There is no better way to become acquainted with well proved remedies, than by comparing them one with the

other. Taking for example, *nux vomica* and *pulsatilla* — *aconite* and *bryonia* — *bryonia* and *rhustox*, etc., etc., and study them side by side. In this study the beginner will oftentimes become confused and discouraged, mainly because he sees so many *similarities* in the mental and bodily symptoms. If he perseveres, however, he will soon discover that *dissimilarities* are the factors which he is after, not the similarities, and these he must pick out of the pathogeneses and try to remember them. In this way he will soon acquire a facility in comparing two very similar remedies, always remembering the cardinal points *in which they differ*.

This study should always be made by writing down the observations exactly in the same way which Hahnemann demands in his directions when examining the sick.

Our aim must be to learn to *differentiate* between remedies. After a close study of a case we may, for instance, get down to two or three remedies to choose from, when we may have begun with a dozen or more. One, and only one of these two or three remedies, will be the one homœopathic to the case; not the three, not the two, but only the *one*.

Shakespeare somewhere has this wise line: "For on your choice depend both safety and health." Let us all strive to learn to choose the remedy in accordance, not with a rule, but with the law governing homœopathic therapeutics.

Adjourned at 9.30 P. M.

H. O. SPALDING, *Secretary*.

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### NEIGHBORHOOD MEDICAL CLUB.

The first meeting of the year of the Neighborhood Medical Club was held at "The Nottingham" on Wednesday evening, November 12th. Twelve members were present.

After dinner, a paper upon the subject, "Are We Practicing Homœopathy? If not, why not?" was read by Dr. W. A. Paul. His answer without hesitation was that we were, and in a truer and more scientific sense than ever before.

"We have," he said, "the experience of Hahnemann, we have his works, we have his results, and a hundred years besides. There are many things which homœopathy does not do which a good physician in his best judgment must do. The homœopathic law is becoming a generally used, if not an accepted and labelled scientific fact. It has moved up to within almost touching distance. The advance is towards us, not us towards it. Don't forget that a homœopath may give the tincture and be a good homœopath, while an old school man may give the first decimal and be nothing. The law relates to the selection of our remedy — experience teaches the dose, the potency and the number of medicines. The motive of the man using temporary measures must not be construed to be anti-homœopathic. Asepsis was not known to Hahnemann; aseptic or antiseptic measures are not unhomœopathic."

Dr. A. H. Tompkins discussed the paper and the question, and his clear, dignified statements of his faith, knowledge and confidence in the drug, homœopathically applied to disease, made an impression. His speech was tolerant as well as logical, and in this combination lay his power. He reiterated the statement that often the use of some temporary or palliative measures must be attributed to the judgment of the physician, and not to the weakness of the homœopath; but yet in his experience, because of his education and study, he had found that the calls for such means had become few. He stated that it was true that the homœopathic physician, in curing disease as he did, not alone gave the patient temporary relief, but also added a portion to his store of general health, and lessened his own chances of being as soon recalled.

Every one present discussed the question and answered it affirmatively, and some confessed that their lack of faith or confidence might be due to a deficient study. Others said they had applied drugs in certain conditions without thought of their homœopathic indications; but for a definite temporary purpose which might aid the cure or which in their

experience and judgment had been helpful, Dr. Tompkins added that in his experience, a call for palliative measures for the purpose of holding a patient did not seem to be successful.

At the conclusion it was unanimously decided that it was the sense of the Neighborhood Medical Club that it respectfully requested the Trustees of Boston University to add a course of lectures by Dr. Tompkins upon the homœopathic application of drugs, to the curriculum of the Medical School.

E. P. RUGGLES,

*Recording Secretary.*

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#### AMERICAN INSTITUTE OF HOMŒOPATHY.

CHICAGO, Nov. 20, 1902.

*To the Members of the American Institute of Homœopathy:*

The Executive Committee, after careful investigation and consideration, has decided that the best interests of the Institute will be served by holding the session of 1903 in the Back Bay district of the city of Boston, with the Hotel Somerset as headquarters.

This arrangement, the Committee is confident, will afford the most satisfactory accommodations and the greatest facilities that it is possible to obtain. The available hotels are the Somerset, Vendome, Victoria, Copley Square, Nottingham, and the Lenox. The Somerset is the most select non-commercial hotel in Boston. The management has granted the American Institute the most favorable terms it has ever offered to any guests. The Somerset, on the European plan, will provide 300 rooms at the rate of \$2.50 a day. The hotel offers a special table d'hôte menu of breakfast, 60 cents; luncheon, 65 cents; dinner \$1.50. Any one or all of these meals may be taken, and only the meals taken are paid for. At the Nottingham the rates are \$1.00 per person per room, with meals à la carte, at reasonable prices. At the

other hotels named first-class accommodations can be secured at prices ranging between these two, so that all preferences and all purses can be suited. The Somerset can take care of six hundred, and the six hotels named can care for an aggregate of eighteen hundred guests, which is seen to be ample for the demands of the occasion.

The Institute meetings will be held in the banquet room of the Hotel Somerset, which will provide a most satisfactory auditorium, with perfect acoustic properties, absolute freedom from outside noises, and ample seating capacity. In the Somerset are six desirable rooms suitable for committees and for Sectional Societies, while next to the hotel is a public building with still other available halls, where, also, the exhibits will be placed. The Committee is convinced that the conditions in the Back Bay district of Boston are a little short of ideal for one of the most pleasant, profitable and satisfactory meetings that the Institute has ever enjoyed.

The Committee, in arriving at its decision, has not been unmindful of the almost universal sentiment on the part of the Institute members in favor of holding its sessions at some watering-place or other resort. But in the present instance it was found to be wholly impracticable to fulfill these conditions. Nantasket Beach, the one and only place of the character available, was found to be distinctly unsuitable. The hotels are not as inviting as they should be, and moreover, it would be possible to overtax their capacity. They contain no proper auditorium, and meetings would have to be held in a tent erected on the lawn. For these reasons, and others equally cogent, it was found to be inexpedient to make choice of the beach.

The session will be held the week of June 22d to 27th, 1903. The preceding week, the 15th to 20th, would have been the Committee's choice but for the fact that it is "Class Day" week at Harvard, and on this occasion reservations are yearly made by all the desirable hotels, and it would, consequently, be impossible for the Institute to secure adequate accommodations. In addition to this, facilities for

entertainment would be seriously curtailed, and what is of far greater moment, public interest would be so divided that the Institute would fail to receive the recognition and attention which is a feature so much to be desired, and for which, in our annual meetings, effort is always made. Only the necessities of the occasion, as here set forth, would have induced the Committee to make this variation in the date.

The Committee has full confidence that the success of the Boston meeting, which may safely be predicted, will fully justify its action.

JOS. P. COBB, M.D., *President-elect*,  
CH. GATCHELL, M.D., *Secretary*.

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**Local Committee of Arrangements for the Annual Session  
of the American Institute of Homœopathy**

TO BE HELD AT HOTEL SOMERSET, BOSTON, JUNE 22-27, 1903.

John P. Sutherland, M. D., *Chairman*, 295 Commonwealth Avenue, Boston.

Henry E. Spalding, M. D., Frank C. Richardson, M. D., *Vice Chairmen*.

J. Herbert Moore, M. D., *Secretary*, 1339 Beacon Street, Brookline.

T. Morris Strong, M. D., *Treasurer*, 176 Huntington Avenue, Boston.

Frank E. Allard, M.D.

G. Forrest Martin, M.D.

Howard P. Bellows, M.D.

George B. Rice, M.D.

Carl Crisand, M.D.

Winfield Smith, M.D.

Nathaniel W. Emerson, M.D.

David W. Wells, M.D.

Joseph W. Haywood, M.D.

Henry A. Whitmarsh, M.D.

Sub committees appointed by the Local Committee of Arrangements :

RECEPTION OF SENIORS.

WAYS AND MEANS.

Hiram L. Chase, M.D., *Chairman* T. Morris Strong, M.D., *Chairman*

James B. Bell, M.D.

Fred'k P. Batchelder, M.D.

Joseph W. Haywood, M.D.

John L. Coffin, M.D.

## RECEPTION OF SENIORS.

John H. Sherman, M.D.  
 Henry E. Spalding, M.D.  
 Conrad Wesselhoeft, M.D.  
 Walter Wesselhoeft, M.D.  
 William P. Wesselhoeft, M.D.

## WAYS AND MEANS.

Fred'k W. Halsey, M.D.  
 J. Herbert Moore, M.D.  
 Mary E. Mosher, M.D.  
 Horace Packard, M.D.  
 N. Emmons Paine, M.D.  
 Frank C. Richardson, M.D.  
 John P. Sutherland, M.D.

## ENTERTAINMENT.

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*Chairman*

Howard P. Bellows, M.D.  
 Eliza B. Cahill, M.D.  
 Herbert C. Clapp, M.D.  
 J. Herbert Moore, M.D.  
 George B. Rice, M.D.  
 Frank C. Richardson, M.D.  
 Henry E. Spalding, M.D.  
 George R. Southwick, M.D.  
 John P. Sutherland, M.D.

## HOTELS.

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*Chairman*

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 Joseph W. Haywood, M.D.  
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 Frank L. Newton, M.D.  
 Frank C. Richardson, M.D.  
 Orren B. Sanders, M.D.  
 Harry O. Spalding, M.D.  
 John P. Sutherland, M.D.

## ALUMNI CONCLAVE.

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 Adaline B. Church, M.D.  
 Nathaniel W. Emerson, M.D.  
 N. H. Houghton, M.D.  
 Fred'k B. Percy, M.D.  
 Winfield Smith, M.D.  
 George A. Suffa, M.D.  
 S. A. Sylvester, M.D.  
 Sarah S. Windsor, M.D.

## PRESS.

Frank C. Richardson, M.D.,  
*Chairman*

J. Wilkinson Clapp, M.D.  
 Fred'k L. Emerson, M.D.  
 A. Temple Lovering, M.D.  
 John H. Payne, M.D.  
 Fred'k B. Percy, M.D.  
 Winfield Smith, M.D.  
 Harry O. Spalding, M.D.  
 T. Morris Strong, M.D.  
 Charles H. Thomas, M.D.

## NEW MEMBERSHIP.

David W. Wells, M.D.,  
*Chairman*  
 George S. Adams, M.D.  
 Edward E. Allen, M.D.  
 Stephen H. Blodgett, M.D.

A. L. Kennedy, M.D.  
 Benj. T. Loring, M.D.  
 G. Forrest Martin, M.D.  
 Martha O. Mann, M.D.  
 George E. May, M.D.

A. J. Bond, M.D.  
James F. Bothfeld, M.D.  
Amanda C. Bray, M.D.  
J. Emmons Briggs, M.D.  
S. H. Calderwood, M. D.  
Carl Crisand, M.D.  
Elmer H. Copeland, M. D.  
Fred'k A. Davis, M.D.  
Jane S. Devereaux, M.D.  
Byron L. Dwinell, M.D.  
Samuel L. Eaton, M.D.  
Fred'k L. Emerson, M.D.  
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Frank A. Hodgdon, M.D.  
Wm. T. Hopkins, M.D.  
Chas. R. Hunt, M.D.  
Everett Jones, M.D.

J. Herbert Moore, M.D.  
Mary E. Mosher, M.D.  
Willard A. Paul, M.D.  
George E. Percy, M D.  
N. R. Perkins, M.D.  
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Wm. F. Wesselhoeft, M.D.  
Henry A. Whitmarsh, M.D.  
George H. Wilkins, M.D.  
Sarah S. Windsor, M.D.  
John F. Worcester, M.D.

And the Secretaries of the five other New England States Societies.

It augurs well for the success of the Boston session of the Institute that its Executive Committee has decided upon the Back Bay district as the more available locality for the holding of its meetings, inasmuch as this is in accordance with the unanimous judgment of not only the Local Committee but of the entire profession in our neighborhood.

It again augurs well for the success of the session that a unanimous response has been made to committee appointments to the extent that, in submitting for publication, at the Editor's request, this list of committee members appointed by the Local Committee of Arrangements, the Secretary is able to report that no physician appointed has declined to engage in committee work to some degree.

J. HERBERT MOORE, *Secretary*

*Local Committee of Arrangements.*



BOOKS AND READING.

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Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked NEW ENGLAND MEDICAL GAZETTE, and sent to the publishers, Otis Clapp & Son, 10 Park Square, Boston.

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A TEXT-BOOK OF ANATOMY. By American Authors. Edited by Frederic Henry Gerrish, M. D., Professor of Anatomy in the Medical School of Maine, Bowdoin College. Second edition, revised and enlarged. Illustrated with 1003 engravings in black and colors. Philadelphia: Lea Brothers & Co. 1902. pp. 944. Price, cloth, \$6.50 *net*; leather, \$7.50 *net*; flexible water-proof binding for use on the dissecting table, \$7.00 *net*.

After the first thirty or more introductory pages, the contents of this work are arranged in the following order: Elementary Tissues, Embryology, the Bones, Articulations, Muscles, Fasciae, the Blood-Vascular System, the Cerebro-Spinal Axis, the Nerves, Organs of the Special Senses, Organs of Digestion, Organs of Respiration, the Urinary System, the Ductless Glands, the Organs of Generation, Relational Anatomy, Practical Anatomy.

This is sufficiently comprehensive in fact, as well as in appearance, for there is no subject which, both in its entirety and its numerous subdivisions has not been written up with elaborateness and painstaking care. A vast amount of labor has been bestowed on this book which, in substance, does as great credit to its authors as in appearance, it does to its publishers. In fact the only criticism that could be made is that the information it contains is perhaps, at times, too exhaustive, too laden with detail. In view, however, of the great and fundamental importance of a thorough and well digested knowledge of anatomy, this comment proves less a criticism than a compliment, and is a guarantee that the physician and surgeon will find no point emphasized by modern anatomists missing from the pages of this admirable volume.

We can call attention but to a few special features, such as the improved device for showing the relations of the principal arteries by a series of horizontal sections at different levels; the various parts being labelled directly with their names wherever possible. These transsections teach also the relations of the muscles and

nerves, the latter especially being beautifully and strikingly delineated in colors, and the accompanying text simplified and systematized with reference to the needs of teacher and student. Visceral anatomy is another subject of great importance upon which much stress has been laid, and which has been well and amply illustrated, while relational anatomy has some fine skiagraphs. A special index is added to the section on practical anatomy for convenience of reference while at work on the cadaver.

**A TREATISE ON DISEASES OF THE ANUS, RECTUM, AND PELVIC COLON.**

By James P. Tuttle, A. M., M. D., Professor of Rectal Surgery in the New York Polyclinic Medical School and Hospital, etc. Illus. New York: D. Appleton & Company. 1902. pp. 961. Price, cloth, \$6.00.

What the average, all round practitioner wants in a book on a special subject, is that it shall not be exclusively, or even preëminently, a book for the specialist. Dr. Tuttle has kept this demand in mind, and from the first to the last page of his book has written for all his colleagues and not for a limited class. While we cannot give all the numerous chapter headings, we wish to indicate the comprehensive nature of the book by mentioning the following topics which are freely, fully, and intelligently, discussed: structure of the parts; malformations; examination and diagnosis: catarrhal diseases of the rectum and sigmoid; tuberculosis of the anus, rectum, and pelvic colon; venereal diseases of the anus and rectum; non-specific ulcerations; fissures, ulcers; abscesses; fistulæ; stricture, constipation, obstipation and impaction; pruritus ani; hemorrhoids; prolapse of the rectum; tumors; malignant neoplasms; extirpation of the rectum; colostomy, etc.; foreign bodies in the rectum; injuries and rupture of the rectum; nervous conditions; alimentation per rectum.

We have always held that rectal diseases, as a branch of medicine, should receive sufficient attention in our medical schools to obviate the necessity for the general practitioner to qualify for ordinary rectal work, under a special teacher, after taking his degree. With a book like Dr. Tuttle's the legitimate outgrowth of twelve years' experience in one of the finest clinics of the kind in the world, the average man can gain a very fair working knowledge of how to diagnose and treat cases of rectal diseases, and students will have a

good, reliable text-book to supplement by its instruction whatever clinical work they are fortunate enough to have. The different methods of treatment outlined are non-operative as well as operative, and present the present views of many experts, so that the reader may have as complete a knowledge of the subject as possible. Colored plates, as well as ordinary engravings, illustrate the text.

**THE DISEASES OF INFANCY AND CHILDHOOD.** By L. Emmett Holt, M. D., LL. D., Professor of Diseases of Children in the College of Physicians and Surgeons, Columbia University, New York, etc. Illus. Second edition, revised and enlarged. New York: D. Appleton & Company. 1902. pp. 1161. Price, cloth, \$6.00; sheep, \$7.00; half morocco, \$7.50.

This work which is sold only by subscription is intended for the medical profession as a whole; for practitioners as well as students. It represents the knowledge of young children and the treatment of their diseases acquired by Dr. Holt during eleven years in hospital work and in a large private practice. It is rather unique in some of its features noticeable in giving a review of all that the specialist in pediatrics is supposed to know about infants as distinguished from young children, and all that the family physician wants, and ought to know. Books on diseases of children are too apt to deal superficially with the maladies of infants, and the care of babies whether sick or well. This need for progressive knowledge commencing with the first day of the child's existence is fully met in Dr. Holt's book. The hygiene and general care of the child, with the latest information on feeding, the use of various methods and diets, etc., are fully set forth. There are illustrative weight charts, and a great deal of explanatory text and valuable data; a summary of the principles involved, and helpful advice about treating difficult cases.

Another important section is that treating of diseases of the nervous system. This includes some of the latest conclusions of scientists as to the causation of departures from the normal and the correction of such tendencies. Many illustrations and some colored plates are used.

All the eruptive fevers are well described. Differential diagnostic tables, temperature charts and illustrations of the various eruptions are given, and minute directions about treatment, the complications

and sequelæ to be expected. But the whole field is well occupied, and save for the valuable therapeutic methods of our School, is completely covered. We recommend "Holt," and know that it is endorsed by many of our leading colleges and practitioners.

**THE DEVELOPMENT OF THE HUMAN BODY. A MANUAL OF HUMAN EMBRYOLOGY.** By J. Playfair McMurrich, A. M., Ph. D., Professor of Anatomy in the University of Michigan. Illus. Philadelphia: P. Blakiston's Son & Co. 1902. pp. 527. Price, \$3.00 *net*.

The study of the structure of the animal cell and the manner of the division of the fertilized ovum, together with that of the progressive differentiation of the cells resulting from the ovum and their subsequent formation into tissues, organs and systems, is most fascinating. At no time since embryology was set apart from anatomy as a branch of medicine well deserving special study, have carefully written books on the subject been more welcome.

That of Professor McMurrich's is conceived in the spirit of the enthusiastic teacher who is more desirous of successfully imparting, than exploiting his knowledge. Thus the facts contained in this manual are carefully linked together forming a homogeneous whole; each explained and accounted for, and all related. At the end of each chapter will be found a brief bibliography, enabling the student to intelligently select collateral reading.

Illustrations are used freely and judiciously, and are drawn not only from the human body, but also from the tissues of those animals best illustrating helpful facts in comparative anatomy. The fetal circulation and the diagrams showing the transformations of the Müllerian and Wolffian ducts are in colors. The subject matter includes all that is necessary for the average student. Those who are specializing may prefer a larger and more elaborate work.

**THE PHYSICIAN'S VISITING LIST** (Lindsay and Blakiston's). For 1903. Philadelphia: P. Blakiston's Son & Co. 1902. Price, for 25 patients per week, \$1.00 *net*.

The first "Visiting List" for 1903 we have received makes an attractive appearance clad in black morocco. This is the fifty-second year of this special publication, and it has the popularity of a veteran. It contains as usual a calendar, table of signs, treatment

of poisoning, tables of weights and measures, metric system, dosage, treatment of asphyxia and apnoea, comparison of thermometers; space for visits to patients, addresses, engagements, record of births and deaths, special memoranda, etc., etc. It is, nevertheless, a good convenient pocket size. A useful feature is a condensed account of incompatibility, chemic, pharmaceutic and therapeutic. This is arranged from that excellent and comprehensive work on materia medica, pharmacy and therapeutics, Potter's "Handbook." Other sizes of the Visiting List are arranged for fifty, seventy-five and one hundred patients, the last two in two volumes each at \$2.00 and \$2.25 respectively. For fifty patients, in one volume, \$1.25; in two volumes, \$2.00.

A TEXT-BOOK OF PATHOLOGY AND PATHOLOGICAL ANATOMY. By Dr. Hans Schmaus, Extraordinary Professor and First Assistant in the Pathological Institute, Munich; translated from the Sixth German Edition by A. E. Thayer, M. D., Instructor in Pathology in the Cornell University Medical College, New York; edited by James Ewing, M. D., Professor of Pathology in Cornell University Medical College. Illus. Philadelphia: Lea Brothers & Co. 1902. pp. 602. Price, cloth, \$4.00 *net*.

The science of disease, *i.e.* pathology, has deeply engaged the attention of a constantly increasing number of workers for many years, and especially during the last decade. It is to the Germans, however, that we are indebted for the largest number of important discoveries. Their work is most thorough and painstaking; their application never ceasing; their accuracy unquestionable. Their characteristics are observable to a marked degree in the book under consideration, although no attempt is made in it to cover the field of pathology from any other than the author's viewpoint. Professor Schmaus is too well known as an original and successful investigator and teacher for his utterances to be other than sufficiently authoritative. This work has reached its sixth edition, and in its present form embodies all the important principles and facts that should be brought before students of pathology. The translation from the original German is forceful and clear as well as literal, and the editor's work shows a judicious conservatism. The statements made in the text are amply explained and illustrated by well selected instances and references, and frequent cross references to related

portions of the book itself, place the reader in full possession of all matter bearing on each subject. This manual is richly illustrated with numerous engravings, including thirty-five colored inset plates.

A LECTURE ON HOMŒOPATHY. By John Henry Clarke, M. D. London: Homœopathic Publishing Co., 12 Warwick Lane, E. C. 1902.

In some seven thousand words Dr. Clarke has clearly and interestingly presented the salient points of homœopathy in the form of a lecture, originally addressed to the nurses of the London Homœopathic Hospital. This lecture, now printed for general distribution, is well suited to the general reader and students desirous of direct and condensed information on the principles and practice of our school of medicine. Veterans in the ranks may not invariably agree with all of Dr. Clarke's statements such, for instance, that "our medicines keep their original character, no matter how many stages the attenuating process has been carried through," but all will heartily concur in endorsing his dictum that, "Hahnemann has not only rescued forgotten treasures, but he has thrown much light on all, that they have become a new power in the hands of his followers such as the observers of old had little conception of."

PROCEEDINGS OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY. 1901. Vol. xv. Published by the Committee on Publication. Boston. 1902.

We regret that the limited space of this department has prevented an earlier notice of this, the fifteenth volume of transactions of the State Society, more especially as the papers it contains are eminently practical and serviceable in character. A brief, but thoughtful study of "Temperature in Puerperal Complications," by Dr. Sarah S. Windsor, is deserving of mention, and a "Report of Cases of Pernicious Anemia in Insane Subjects," by Dr. S. C. Fuller will be read with interest. The important subject of "Ophthalmia Neonatorum" is ably presented by Dr. J. H. Payne, and the accompanying discussion enhances its value. In this volume will also be found Dr. Wm. C. Goodno's paper on "The Antitoxin Treatment of Diphtheria." Among other able contributors to the Society's annals are Drs. F. C. Richardson, N. W. Emerson, Conrad Wesselhoeft, J. P. Sutherland, J. L. Coffin, F. B. Percy, J. P. Rand, J. B. Bell, and Wm. F. Wesselhoeft.

**PHYSICAL DIAGNOSIS: DISEASES OF THE THORACIC AND ABDOMINAL ORGANS.** By Egbert LeFevre, M. D., Professor of Clinical Medicine and Associate Professor of Therapeutics in the University and Bellevue Hospital Medical College, etc. Illus. Philadelphia: Lea Brothers & Co. 1902. pp. 448. Price, \$2.25 *net*.

This compact duodecimo volume is a condensed guide to accurate diagnosis of diseases of the respiratory and circulatory systems, and of diseases of the abdominal organs. It is in the nature of a reply to all the many questions arising from the difficulties encountered in recognizing and rightly estimating the importance of deviations from the normal in the chief organs of the body. The author lays special stress upon the relation which the altered anatomy of organs under examination, bears to the physical signs. This is to prevent the error frequently made of neglecting to recognize their interdependence, and of concentrating the attention wholly upon the determination of some special disease. The broader outlook is undoubtedly essential to a true comprehension of the diagnostic values of physical signs.

As a direct, if condensed, exposition of the subject of physical diagnosis we believe Dr. LeFevre's manual will be found acceptable. It is well illustrated, and contains a supplementary chapter with plates upon examinations with the Röntgen rays.

**THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS, VOL. X. SKIN AND VENEREAL DISEASES; NERVOUS AND MENTAL DISEASES.** Edited by W. L. Baum, M. D., and Hugh T. Patrick, M. D. September, 1902. Chicago: The Year Book Publishers. Price, \$1.25.

A book without a preface is a genuine curiosity, and such, in this respect, the tenth volume of this useful series proves to be. The section on nervous diseases, however has a brief foreword. Little of an explanatory nature is required. Like previous volumes this one gathers together abstracts of important articles, wisely chosen authoritative utterances, carefully condensed reports of work and progress throughout the world of science. By means of the complete series of ten volumes, the general practitioner is put in touch with the most recent results attained by his fellow workers in all the different departments of medicine. In a handy and accessible form he has practically the best of the twelve months' peri-

odical literature which has not yet found its way into the text-books or more ambitious works. The expense is small, being but seven dollars and a half for the series.

**THE MEDICAL NEWS VISITING LIST.** 1903. Four Styles. Philadelphia: Lea Brothers & Co. Price, real grain leather, \$1.25; thumb letter index, 25 cents extra.

The term "four styles" includes the weekly, dated, for thirty patients; the monthly, undated, for one hundred and twenty patients; the perpetual, undated, for thirty or sixty patients weekly per year. Each style is furnished with pocket, pencil and rubber, and is of convenient wallet-shape. The paper is fine and tough and the binding most attractive. Much useful data precedes the pages for the entry of clinical details, charges, receipts, engagements, addresses, etc., etc. Such a book furnishes a convenient legal record of one's work, and is full of reminders of what to do in emergencies, medical and surgical. The edition for 1903 has four pages, and one full page cut, on the ligation of arteries.

**THE OUTLOOK: A WEEKLY NEWSPAPER AND ILLUSTRATED MONTHLY MAGAZINE.** New York: The Outlook Company. Price, \$3.00 a year, payable in advance; 10 cents a copy.

We cannot too heartily commend "The Outlook," as a journal honestly providing a weekly, impartial summing up of all the important doings in the world, and a series of straightforward, well-written articles upon subjects of genuine importance to every man or woman who wishes to be in sympathetic touch with actual life and its manifold phases and interests, and who endeavors to grow and to broaden from day to day.

The initial number each month is of magazine size, and contains much literary matter. The program for the coming year includes short essays on authors, composers and other men of note; papers on foreign life in America, sketches of travel, of social and industrial progress, and interesting accounts of nature study and of sports and recreation. In addition there will be, as in the past, good and helpful talks or sermonettes practical, non-sectarian, brotherly and helpful.

"The Outlook" is non-partisan, sensible, fearless, earnest; is stimulating to both mind and conscience, yet never dictatorial.



THE ATLANTIC MONTHLY DEVOTED TO LITERATURE, SCIENCE, ART, AND POLITICS. November, 1902. Boston: Houghton, Mifflin & Co. Price, \$4.00 a year; 35 cents a copy.

All readers of the best in current literature are familiar with "The Atlantic Monthly." The present number is called to the attention of the profession particularly because of an article by Dr. A. B. Norton on "The Care of the Eyes." This is well written, and will inform a large circle of intelligent men and women of the necessity of caring for their own and their children's eyes. In view of the constantly increasing demands upon this important organ physicians should, so far as possible, teach the public how to preserve its integrity.

The November "Atlantic" is replete with a variety of interesting and excellent papers.

THE CRAFTSMAN. Eastwood, New York: The United Crafts. Price, \$3.00 a year; 25 cents a copy.

We have reviewed this magazine before, outlining its purpose and scope. Its form and price, however, have now been changed with the commencement, in October, of the third volume. The number of pages and illustrations has been increased and new type adopted. While we think the change a mistake and not an improvement, we believe in the policy of the journal which aims to aid the artisan to become an artist and to receive proper recognition, and to enlarge the world's knowledge of what constitutes art in the broadest meaning of the word.

The journal also discusses practical methods and processes involved in the arts, and certain sociological questions of the day.

MEMORANDA ON POISONS. By Thomas Hawkes Tanner, M. D., F. L. S. Ninth revised edition. By Henry Leffmann, A. M., M. D., Professor of Chemistry in the Woman's Medical College of Pennsylvania. Philadelphia: P. Blakiston's Son & Co. 1902. pp. 177. Price, 75 cents *net*.

This is a small, handy, epitomized pocket manual of general toxicology, corrosives, simple irritants, specific irritant poisons and neurotic poisons.

The authors follow the modern chemical nomenclature, and his latest edition contains new matter in several sections, and an

account of the toxicology of poisonous foods. The symptoms, post mortem appearances, tests, and treatment are concisely given, making the book well adapted for ready reference and the taking of prompt measures to meet sudden emergencies.

THE DELINEATOR: AN ILLUSTRATED MAGAZINE OF LITERATURE AND FASHION. New York: The Butterick Publishing Company. Price, \$1.00 a year; 15 cents a copy.

The Christmas number completes the thirteenth year of this popular, monthly magazine. It contains all the latest fashion news, many entertaining stories, among them " 'Doc' Shipman's Fee," by F. Hopkinson Smith; household departments, and pages of illustrations in colors.

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CAUSES OF INSANITY.—The causes of insanity might be summed up briefly: Traumatism is sometimes a cause, injuries to the brain, etc., but toxines seem to have a wider range, and the later views of what is believed to be the pathology of insanity bear out this idea. Haig, in his work on uric acid, has thrown out many new hints touching the question of insanity. He has shown that capillary engorgement conduces to suicide and precedes various forms of insanity, and one can easily understand his views. He has also shown that persons who use large quantities of red meats and of alcoholic substances, such as beer, ale, etc., are far more liable to insanity than those who live on vegetables, fish, and milk. Hence the uric acid theory seems to be the prevailing one at present, and it is constantly gaining ground in medical literature. Toxines or morbid products are retained in the brain, due to the effect of obstructed capillaries, decreasing the action of the heart. We know that circulatory disorders conduce to insanity, and this has been noticed especially in Graves' disease. A certain per cent. of those cases end their lives in insane asylums. — *American Practitioner and News.*

## THE SPECIALIST.

DISEASES OF THE NERVOUS SYSTEM.

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Under this heading will appear each month items bearing upon some special department of medicine; next month "Diseases of the Eye and Ear."

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**SPIGELIA IN NEURALGIA.** — The pain itself is tearing, shooting, burning, jerking (any or all of these types). It is aggravated by noise or jarring motion, by changeable, stormy weather. Conversely it finds amelioration in quietude and equable temperature. It begins, increases and declines with the day.

The pain in the eyeball is referable to the iris and ciliary regions, via the long ciliary nerves as mentioned above. — *Clinical Reporter.*

**DIAGNOSIS OF HYSTERIA** — A fact to be remembered is that it is only hysteria that we have anesthesia of the whole body. With regard to the diagnosis of hysteria, the anesthetics furnish the most certain criterion, and the paralyses are usually admitted as good helps. The fixed contractures are more puzzling, the tremor is very similar to that of multiple sclerosis or alcoholism, but can usually be detected by the associated symptoms. The mental state is most readily recognized when it shows a sharp differentiation from that previous to the onset of the disease. Crises may occur without indicating a fixed or major type of the malady; that is they are incidental in many persons of unstable nervous system. — *Medical Record.*

**INJURIES OF NERVES.** — Of the chief causes of failure in secondary suture of a nerve, the first is sepsis; the second, the lapse of time between the reception of the wound and the operation. Nerves unite differently, so far as utility of the part is concerned. For instance, a navvy may have his hand restored to all the sensation and power necessary for his work, whereas a cabinetmaker, or a pianist, or a violinist, for whose work it is essential that sensation and minute

movements in every part of the small muscles of the hand should be as complete and natural as possible, will not have so satisfactory a result. Sometimes nerve ends are so far separated that they cannot be approximated, in which case nerve grafting will have to be resorted to. Partially divided nerves do not, as a rule, need to be operated on. — *The Lancet*.

INSANITY IN WOMEN. — Insanity in the majority of cases is not due to organic disease of the brain but with functional disorders of its circulation and of its circulating fluid. In many cases in women the disorder of the brain's circulation is caused by reflex irritation, carried by the sympathetic from the pelvic organs and caused by retroversion of the uterus, cirrhotic ovaries, fibroid tumor, etc. In other cases it is the fluid circulating in the brain which is at fault ; in some it is too poor in quality because the digestive apparatus is being interfered with by reflex irritation of the sympathetic due to lacerated cervix; endometritis, etc. In a lesser number of cases the brain is prevented from working because the blood is badly oxygenated or loaded with uric acid or other poisons. — *Montreal Medical Journal*.

HYSTERIA IN MEN. — Male hysteria occurs perhaps with more frequency in the lower classes than female hysteria, due probably to the fact that men in this class are exposed more than women to the influence of injuries and alcoholism, the later of which, however, we must not attribute too much weight.

Occupation has a distinct causative relation. For example, among sailors who brave the dangers of the sea, and live upon poor diet, the disease is common. Poets and musicians are frequent sufferers ; indeed, any profession of a sedentary character predisposes to this affection.

Federoff states that while trauma in man is a most frequent exciting cause, on the contrary, in women, causes of a psychical nature predominate. Sexual excesses have a dis-

tinct influence upon the development of hysteria, and this probably is greater in men than in women.

The symptoms of hysteria vary but little in the two sexes. — *St. Louis Medical Review*.

ALCOHOL IN RELATION TO INSANITY. — Touching the question of alcohol in relation to insanity: Morel has stated that alcohol is a potent cause of insanity. He has collected statistics touching the question of heredity. He has shown that in all his collection of cases of insanity, numbering many thousands from sixty to seventy per cent. have a neurotic history; that the other thirty or forty per cent. are due to alcohol, syphilis, traumatism, and to various other causes, such, for instance, as the puerperal state, diet, adolescent neurasthenia, hysteria, and other disorders that conduce to a lower state of vitality. He has found that the first generation of drunkards conduces to drunkenness and immorality; the second conduces to greater drunkenness and to impulsive (insane) ideas; the third conduces to melancholia, hypochondriasis and greater impulsive ideas, even to murder; and the fourth conduces to idiocy, imbecility, and to extinction of the family. — *American Practitioner and News*.

DIAGNOSIS OF INSANITY. — When called upon to examine a patient with the view of commitment, secure, if possible, in advance, on account of his or her antecedent history, the age, occupation, environment and family history. This data is usually obtainable from the family before you interview the patient. In making this record it is well to consult several of the immediate friends, for in this way we may secure supplementary testimony, perhaps of importance. Such a history should be obtained and recorded methodically — commencing at the beginning (and making sure, too, that it is the beginning) and progressing systematically down to the present time. If there be traumatic history, inquire into the details of it. Note whether there was anything unusual in the patient's physical condition, or in his environment at the time of, or just before, the appearance of his aberration of mind. — *The Hahnemannian Monthly*.

THE NEUROTIC DIATHESIS IN CHILDREN. — I believe that the neurotic predisposition can be effectually eradicated by a proper course of physical training, conjoined with proper hygienic surroundings. With careful attention to the diet, sleep, various bodily functions, fresh air, and proper clothing, in addition to systematic, well regulated, and long continued physical culture, there should be no remains of a neurotic predisposition as the child enters into manhood. The physical culture of such children should be carefully conducted; where a moderate amount of exercise builds up too much exercise breaks down. The age and physical condition of each child must be taken into consideration, and such exercises, preferably outdoor, should be followed as circumstances permit. Whatever those exercises may be, the proper point is their continuance with regularity for years. Practical experience has shown me that by the methods just suggested children of undoubted neuropathic tendencies may with the shadow of a doubt develop into perfectly healthy men and women. — *Dr. G. M. Hammond in New York Medical Journal.*

PARETIC DEMENTIA. — The causes of this cruelly fatal form of insanity are variously given as a heredity, overwork, high living, worry, sexual excesses, syphilis and intemperance, but at present we are coming to regard the great majority of cases as being caused by syphilis. It claims our brightest and most active men as its victims; our greatest actors, shrewdest politicians, and business men. It affects ten times as many men as women. In women the melancholy type predominates, while in men the great majority are exalted in the highest degree. It is most common between the ages of 35 and 50. Its duration depends upon the constitution of the patient, his resistive powers, and the violence of the attack. A paretic may die in the first convulsive attack before manifesting any mental symptoms, and cases are on record lasting thirty years. The great majority of cases succumb to the disease in from three to five years. They live much longer in asylums than at home. — *Cleveland Journal of Medicine.*

EPILEPSY AND CRIME. — Case 1. P. M., a stone cutter by trade, thirty-two years of age, while working at his trade suddenly turns and without any provocation strikes a fellow workman over the head with his stone hammer, causing severe injury. He was at once arrested and confined in the jail. Shortly after his arrival he had a seizure of peculiar character. He lay perfectly rigid in a cataleptic state and would allow his limbs to remain in any position in which they were placed by the physician. Pressing on the supra-orbital notches elicited but feeble response. Faradism persistently applied, after a long period, would partially rouse him. Previous to his seizure he had been brooding over his crime which at first looked like homicide. These seizures of catalepsy occurred at irregular intervals and lasted sometimes nearly two days. He was thought at first to be a malingerer, but slowly the conviction forced itself upon us that here was one of the rarer forms of epilepsy, and later the diagnosis was firmly established. On the day he was taken into the court to plead he had a seizure in the court house which was of undoubted epileptic character. He was then transferred to the State Hospital for the Insane and seemed to improve very much under treatment, although he was noticed occasionally to have dazed spells. On one occasion, after a considerable interval of apparently normal mental activity and very much improved physical condition, he, without any warning, took off all his clothing, rolled it up, and sat down upon the door-step of his ward, completely oblivious to his surroundings or the impropriety of his acts. — *The Providence Medical Journal*.

THE EVOLUTIONARY GOAL. — Unselfishness of motive, steadfastness of purpose, and purity of life are the mighty agents which, infallibly, will lead to the evolutionary goal: Man's conquest of himself. — *Medical Record*.

## PERSONAL AND GENERAL ITEMS.

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DR. FRED'K W. PAYNE's morning office hours will be from 10 A.M. to 1 P.M. in future, with afternoon hours as heretofore from 2 to 5 P.M.

DR. CONRAD SMITH's present location is 279 Dartmouth Street, Boston, opposite the Vendome. Office hours, 2 to 4 P.M. ; Specialty, Diseases of the Nose and Throat.

DR. H. E. RICE, formerly of Springfield, is now located at Hotel Kensington, 685 Boylston Street, Boston. Office hours, 11 A.M. to 1 P.M. ; Specialty, Gynecology.

DR. CHARLES W. BUSH has removed from 729 Tremont Street to 444 Massachusetts Avenue, corner of Columbus Avenue, Boston.

DR. WILLIAM OTIS FAXON may be consulted at 4 Walnut Avenue, Stoughton, Mondays, Wednesdays, and Fridays from 2 to 4 P.M. ; and at Hotel Westminster, Copley Square, Boston, Tuesdays, Thursdays and Saturdays, the same hours.

DR. A. J. BOND, of Adams, Mass., calls the attention of the profession to Cheshire, as offering a good opening for a young homœopathic practitioner, honest, energetic, and competent. Only one other physician (allopath) in the place.

THE AMERICAN RONTGEN RAY SOCIETY will hold its third annual meeting at Chicago, on December 10th and 11th.

DR. MABURN, of the St. Lawrence State Hospital for the Insane at Ogdensburg, N. Y., has been elected superintendent of Bellevue Hospital to succeed Dr. George T. Stewart, who resigned recently.

A DISPATCH from Denver, Col., to the Boston press announces that after Dec. 1, every invalid must have a certificate from a physician before boarding a train in Colorado. The certificate must say that the bearer has not a contagious disease. The roads have had much trouble with passengers ill with contagious diseases. Conductors are supposed to watch for such cases, but sometimes it is impossible for them to detect contagious diseases. The idea is to have all the roads adopt the physician's certificate scheme and thereby protect passengers who desire relief from the presence of Eastern consumptives.







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